

Wall Youth Center Summer Camp 2020

Registration Form

Child's Name: _____ M/F: ____ DOB: _____ Gr. _____ T-shirt Size: _____
Child's Name: _____ M/F: ____ DOB: _____ Gr. _____ T-shirt Size: _____
Child's Name: _____ M/F: ____ DOB: _____ Gr. _____ T-shirt Size: _____
Child's Name: _____ M/F: ____ DOB: _____ Gr. _____ T-shirt Size: _____

Address: _____ **Town:** _____ **ZIP:** _____

Phone: _____ **Emergency #:** _____

E-Mail Address: _____

EMERGENCY CONTACT:

Parent or Guardian's Name _____ Contact # _____

Please provide us with (3) different contact numbers, if we cannot reach Parent/Guardian

Name: _____ #: _____ Relation to child: _____

Name: _____ #: _____ Relation to child: _____

Name: _____ #: _____ Relation to child: _____

Child's Physician: _____ Contact #: _____

Allergies/Meds: _____

Is there anything we should know about your child in order to help care for them?: _____

PERSON(S) CHILD MAY BE RELEASED TO:

Name _____ Relation to child _____ Contact # _____

Name _____ Relation to child _____ Contact # _____

Name _____ Relation to child _____ Contact # _____

Name _____ Relation to child _____ Contact # _____

Name _____ Relation to child _____ Contact # _____

Name _____ Relation to child _____ Contact # _____

_____ **I give my child permission to walk or ride his/her bike home at 4:00 PM**

Signature of Parent/Guardian

Date

Please check here for **FULL SUMMER** _____

Please check here for **HALF DAY FULL SUMMER** _____ **9:00 AM - 12:30 PM** _____ **OR 12:30 PM - 4:00 PM** _____

Please check week(s) if attending **WEEKLY**: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Full Day _____ or Half Day **9:00 AM - 12:30 PM** _____ **OR 12:30 PM - 4:00 PM** _____