

Wall Youth Center Summer Camp 2021

Registration Form

Grade entering in the fall:

Child's Name: _____ M/F: _____ DOB: _____ Grade: _____ T-Shirt Size: _____
Child's Name: _____ M/F: _____ DOB: _____ Grade: _____ T-Shirt Size: _____
Child's Name: _____ M/F: _____ DOB: _____ Grade: _____ T-Shirt Size: _____
Child's Name: _____ M/F: _____ DOB: _____ Grade: _____ 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 # _____

Signature of Parent/Guardian

Date

Please check here for **FULL SUMMER** _____

Please check here for **HALF DAY FULL SUMMER** _____

Please check which **3 WEEK SESSION**: 7/6 - 7/22 _____ or 7/26 - 8/12 _____

Payment Received:

Cash: _____ **Check #:** _____ **Credit Card:** _____