

# Tent Camp Registration Form

Please complete one form per camper

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Select which camp(s) will be attended:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Ages 5-7    | <input type="checkbox"/> Littles Day Camp (5-7) | <input type="checkbox"/> Ages 7-9      |
| <input type="checkbox"/> Ages 8-9    | <input type="checkbox"/> Ages 10-11             | <input type="checkbox"/> Ages 12-13    |
| <input type="checkbox"/> Boys (8-10) | <input type="checkbox"/> Boys (11-13)           | <input type="checkbox"/> Girls (10-13) |
| <input type="checkbox"/> Teens (14+) | <input type="checkbox"/> Teen Rewind (14+)      |  |

(Make checks payable to: AMF Activities)

Check one:  I am enclosing fee  I will pay the day camp begins

## Please sign the following medical release:

In case of medical emergency, I understand every effort will be made to contact the parents or guardians of the camper. In the event they cannot be reached, I hereby give permission to the physician selected by the camp supervisor to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the child named on this form.

Sign \_\_\_\_\_ (parent or guardian)

Print Name \_\_\_\_\_ (parent or guardian)

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

## Health History

### Immunization record (dates required for each immunization)

MMR (Measels/Mumps/Rubella) \_\_\_\_\_

DTP (Diphtheria/Tetanus/Pertussis) \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_

Is the Camper on any medications \_\_\_\_\_

Kind \_\_\_\_\_

Allergies (if any) \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

### Give approximate dates of all that apply:

Ear Infection \_\_\_\_\_ Diabetes \_\_\_\_\_ Sleep Walk \_\_\_\_\_ Asthma \_\_\_\_\_

Epileptic \_\_\_\_\_ Bronchitis \_\_\_\_\_ Fainting \_\_\_\_\_ Convulsions \_\_\_\_\_

Heart Trouble \_\_\_\_\_