



Registration Form

Date _____/_____/_____

Camper's Name: First _____ Last _____

Address : Street _____ City _____

State: _____ Zip: _____ Area Code: _____ Phone: _____

E-Mail: _____

Date of Birth: _____ Age: _____ Sex: _____

Name of Junior Program Attending: _____

Dates of Attendance _____

Name of Junior Program Attending: _____

Dates of Attendance _____

Circle One: Right Handed Left Handed

Circle One Age Group 7-9 10-11 12-13 14-17

Does the child have own equipment? YES NO

Person Paying: _____

Address (if different) _____

Telephone (home) _____ (business) _____

Amount of Check Enclosed \$ _____ (Please submit **FULL** payment * Deposits are not accepted) Check # _____

Please note if camper should be restricted from any activity

Will the camper be taking medication during the camp? YES NO

If YES, please indicate name of drug and dosage

Please identify any medical condition/allergies which would require special attention
