

# Camper Registration Form

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_ Birthday (day/month/year) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ What church do they attend? (If any) \_\_\_\_\_  
Parent/Guardians Names: \_\_\_\_\_  
Email Address (optional): \_\_\_\_\_ Is this the first time your child has attended CBBC? Yes \_\_\_ No \_\_\_  
Camp Attending: \_\_\_\_\_ Camp Dates: \_\_\_\_\_  
Cabin mate request (only one please): \_\_\_\_\_  
Parent/Guardian: Can your child swim? \_\_\_ Explain if necessary \_\_\_

## Medical History

Does your camper have any known allergies? Yes \_\_\_ No \_\_\_  
If so what are they? \_\_\_\_\_  
Does your camper take any daily medication? Yes \_\_\_ No \_\_\_  
If so please list what they are and how/when they are taken: \_\_\_\_\_

(All camper medication must be turned in upon arrival. Including all non-prescription meds)

Is your camper subject to? Bed wetting \_\_\_ Sleep walking \_\_\_  
Previous Illnesses: \_\_\_\_\_  
Date of last Tetus shot: \_\_\_\_\_  
Any restrictive handicaps: \_\_\_\_\_  
Does your camper have any special needs? If so please specify: \_\_\_\_\_

## **Medicare and Insurance Information**

Health #: \_\_\_\_\_ Expires: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy #: \_\_\_\_\_  
ID #: \_\_\_\_\_ Subscriber's name: \_\_\_\_\_  
Emergency # 1: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Name: \_\_\_\_\_  
Emergency # 2: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Name: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

<b>FEE PAID</b>	<b>AMOUNT OWING</b>	<b>DATE RECEIVED</b>	<b>TUCK MONEY</b>