

# Workshop/Day Camp Registration Form

\*\*\*If you have multiple campers for the same camp – Please provide Name, DOB, Age for each camper

Camp you are Registering for:

\_\_\_\_\_

**Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Contact Phone Number: (     )-(     )-(     )

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

County/Township \_\_\_\_\_ Photo Release on file: Yes \_\_\_\_ No \_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Phone #: \_\_\_\_\_ Father's Phone #: \_\_\_\_\_

Last name (Only if Different from camper): \_\_\_\_\_

Emergency Contact Name/ Phone Number / Relationship to Camper:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Additional Info (Allergies, special instructions,...) \_\_\_\_\_

**Ethnicity ( We only use this information for grant applications)**

\_\_\_ White \_\_\_ Black \_\_\_ Hispanic/Latin American \_\_\_ Asian/Pacific Islander  
\_\_\_ Native American

\_\_\_ Other (please specify) \_\_\_\_\_ Prefer not to answer

If other \_\_\_\_\_

Additional Campers:

Name	DOB	Age
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