



Summer Camp 2019 - Camper Information

1. SESSION

- Check the session you wish to attend (If you choose all sessions and pay in advance there is a 10% discount)
- Must be 5 years old by the session you sign up for.

- ___ Session 1: June 10-14
___ Session 2: June 17-21
___ Session 3: June 24-28
___ Session 4: July 1-5
___ Session 5: July 8-12
___ Session 6: July 15-19
___ Session 7: July 22-26
___ Session 8: July 29- August 2

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Camper #1: _____ Preferred name (if different): _____

Date of Birth: _____ Age (at the time of Camp): _____ Grade: _____

Name of School: _____

Youth T-Shirt Size (circle one): XS SM MED LG

Name of Camper #1: _____ Preferred name (if different): _____

Date of Birth: _____ Age (at the time of Camp): _____ Grade: _____

Name of School: _____

Youth T-Shirt Size (circle one): XS SM MED LG

Name of Camper #1: _____ Preferred name (if different): _____

Date of Birth: _____ Age (at the time of Camp): _____ Grade: _____

Name of School: _____

Youth T-Shirt Size (circle one): XS SM MED LG

Parent/Guardian/Primary Contact information continues on the following page...

Name of Parent/Guardian/Primary Contact: _____

Mailing Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____

Preferred contact method? (Check one)

___ Home Phone

___ Cell Phone

___ Email

3. EMERGENCY CONTACTS

Please provide two additional people, different from the parent/guardian listed above, for us to contact.

Emergency Contact 1 Name : _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact 2 Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

4. Authorized To Pick Up Camper

First Contact's Name: _____

Relationship: _____

Second Contact's Name: _____

Relationship: _____

Third Contact's Name: _____

Relationship: _____

5. SAFETY/MEDICAL INFORMATION

Please list all known conditions so we can accommodate your campers needs. Does your camper have any medical conditions, allergies, dietary or special needs that the staff should know about?

Does your camper have any behavioral or emotional issues the staff should know about?

Does your camper need to take any medications that the staff should know about? If so, please list all information regarding dosage and time medication needs to be administered.

6. SUNSCREEN INFORMATION

Campers will be outside for several hours each day enjoying many of the different activities JayDee's has to offer. To help protect your child, please apply the first layer of sunscreen prior to dropping your child off and send sprayable sunscreen in a plastic bag with campers name on it. This ensures that camper is able to locate their sunscreen in a timely manner.

Campers are in charge of their sunscreen, but if they need help spraying their sunscreen, our staff is there to help. Please indicate whether you give permission for staff to SPRAY the sunscreen (our staff can not rub in the sunscreen).

___ I give permission for JayDee's Summer Camp staff to SPRAY sprayable sunscreen on my child.

___ I DO NOT give permission for JayDee's Summer Camp Staff to SPRAY sprayable sunscreen on my child. My child is in charge of spraying and applying all sunscreen.

7. AUTHORIZATION

I acknowledge all of the information on this form is accurate to my knowledge.

Name (print): _____ Signature: _____

Date: _____