

## Application for Indian Day Camp

Camper's Name \_\_\_\_\_  
Last Name                      First Name                      Nickname

Age \_\_\_\_\_      Grade in school in fall \_\_\_\_\_      Sex    M    F

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_      Business Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street                                      City                                      Zip

Payment enclosed for the following weeks: 1 2 3 4 5 6 7 8 9 10

Special assistance/consideration my camper needs to participate safely:

\_\_\_\_\_

Additional requests: \_\_\_\_\_

Camper will regularly arrive before 8:15 a.m.    Yes    No

I would like help in forming a car pool.    Yes    No

I wish to purchase a camp shirt.    Yes\*    No

\*My camper wears shirt size: Child's    S    M    L    Adult's    S    M    L    XL

Please put camper's name on everything brought to camp.

I understand campers will participate in a variety of age-appropriate, supervised, sometimes vigorous physical activities and that despite all efforts on behalf of the staff to minimize risks of injury, there is still the possibility that my child will be injured. I have been given the opportunity to ask questions regarding the program of activities, types of injuries which could occur, risk reduction measures, and plans for responding to injuries. I have discussed with Don Arnold, Sandy Newport or Becky Bain any special considerations/assistance my child needs in order to participate safely (e.g., access to an inhaler, help inserting ear plugs). **My child is in good health and able to participate in camp activities subject to limitation(s) listed on this application.**

Parent signature \_\_\_\_\_      Date \_\_\_\_\_

Enrollment will not be accepted unless application has been signed and dated.