Application for Indian Day Camp

Camper's Name _____
Last Name First Name Nickname

Age _____ Grade in school in fall _____ Birthdate _____ Sex M F

Parent's Name _____

Home Phone _____ Cell Phone _____

Address _____
Street City Zip

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

Additional requests: _____

Camper will regularly arrive before 8:15 a.m. Yes* No
*I understand there is a fee for regular early arrival.

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

I understand campers will participate in a variety of age-appropriate, supervised, sometimes vigorous physical activities and that despite all efforts 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 and illnesses. My child is in good health and able to participate in camp activities subject to limitations listed on this application.

Does your child have any special needs--social/emotional, food allergies, learning difficulties, etc. which will help us ensure a successful week for your child? List below any special assistance/consideration my camper needs to participate safely. This information will remain confidential.

_____

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I understand campers will occasionally be photographed and some of these photos may be placed on camp bulletin boards, used on the camp web site, and appear rarely in the News-Gazette. I give my permission for such use of my camper's picture.

_____ _____
Parent's signature Date