

Camp Oliver Worley

2010

Registration Form

Camper's Name: _____

Address: _____

Age: _____ **Date of birth:** _____

Male: _____ **Female:** _____

What session will be attended? _____

Camper's upcoming grade level: _____

Dietary restrictions: _____

Known food allergies: _____

Known allergies: _____

Medical conditions: _____

Prescription medications: _____

Other health information: _____

Emergency Contact Information:

Name: _____

Relation to camper: _____

Daytime phone number: _____

Cell phone: _____

Name: _____

Relation to camper: _____

Daytime phone number: _____

Cell phone: _____