



2017 Summer Camp Student APPLICATION

Please Print All Information Requested.

Child's Full Legal Name: _____

Please Circle Shirt Size: YS YM YL YXL AS AM AL

Grade they are entering _____

Birth date ____/____/____

Male ____ Female ____

Street Address: _____

City: _____ State _____ Zip _____

Child Lives With: _____

Legal guardian other than parents* ****PLEASE PROVIDE A COPY OF LEGAL DOCUMENTATION.** Is there any court order restricting access to the student?
___ Y ___ N **IF YES, PLEASE PROVIDE A CERTIFIED COPY.**

Parents / Guardians Contact Information

Name: _____ Cell: _____ Work: _____

Name: _____ Cell: _____ Work: _____

Persons to be **notified and permitted** to remove child from the center in case of illness, accident or emergency when parent and/or guardian cannot be reached. **Two emergency phone numbers are required!**

1. _____ 2. _____