



SUMMER DAY CAMP REGISTRATION

Please use a separate form for each camper. Form may be copied.
Please print clearly and return form to your church day camp coordinator.

Camper Info	Camper First Name		Camper Last Name	
	Address		City	State
				Zip Code
	Camper Date of Birth	Camper Age Now	Grade (Fall 2022)	Gender
	Any siblings attending day camp? (list)			First-Time Day Camper?
				YES or NO
Family Info	Parent/s or Guardian's Name		Preferred Parent/Guardian Email	
	Mother's Cell Phone		Father's Cell Phone	
	Emergency Contact Name (<i>other than parent</i>)		Emergency Contact Phone	Emergency Contact Relation
Health Info	List any physical limitations Riverside and church staff should be aware of:			
	Allergies and dietary restrictions to be noted:			
	Describe any medical condition that our Riverside and/or church staff should be aware of:			
	Suggestions that may help us ensure your day camper's experience is most comfortable and enjoyable:			
Parent/Guardian: I give my permission for this youth to participate in all aspects of the Day Camp except as otherwise noted. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize Day Camp and/or church staff to secure any medical or emergency treatment as deemed necessary for my child. I give consent that any pictures or videos that may be taken of my child may be used for church or camp publications and/or promotions.				
Parent/Guardian Signature				Date