

DLC REGISTRATION FORM 2018

Camper Information

Full Name: _____

Sex: _____

Date of Birth: ___/___/___

Address: _____

Medicare Health Card Number: _____

** All campers must bring their Medicare card to registration**

Custodial Parent and Mailing Information

Custodial Parent 1 Name: _____
First Last

Relationship To Child: _____

Address, If different from child: _____

Phone Number: _____

Email Address: _____

Custodial Parent 2 Name: _____
First Last

Relationship To Child: _____

Address, If different from child: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Name of first contact: _____

Relationship to child: _____

Home Number: _____

Cell Number: _____

Name of second contact: _____	Relationship to child: _____
Home Number: _____	
Cell Number: _____	

Medical Conditions		
Please indicate all medial conditions (All allergies, Asthma, ADHD, ADD, Diabetes, etc.) and all medications.		
Medical Condition	Medication	Dosage/ Time Take

How did you hear about us?			
Our Website <input type="checkbox"/>	Social Media <input type="checkbox"/>	Through the church: <input type="checkbox"/>	Friends: <input type="checkbox"/>
Referred by a returning Camper <input type="checkbox"/> _____			
Other <input type="checkbox"/> _____			

Signature of Parent/Guardian

Date