



Summer Camp Registration Form

Child's Name:

Location: Davidson

Street Address:

Home Phone:

City, State Zip:

Cell Phone:

Birthdate:

Male

Female

T-shirt size

S

M

L

Parent/Guardian Info

Parent/Guardian Name:

Relationship to student:

Emergency contact and phone number:

Person(s) authorized to pick up your child:

Person(s) NOT authorized to pick up your child:

Are there any medical conditions or allergies that we should know about? YES NO

If YES please explain:

Preferred hospital in case of medical emergency:

Please check **each** session your child will attend:

Session 1 June 10 - June 14

Session 4 July 8 - July 12

Session 2 June 17 - June 21

Session 5 July 15 - July 19

Session 3 June 24 - June 28

Session 6 July 22 - July 26