



HOLIDAY CAMP 9/2016 - 5/2017

Camper Information Form

Campers' Last Name

First Name

Campers' Member #

Age

Date of Birth

Boy / Girl

Name of School

Circle Camps Enrolled:

Swing & Swim

Mini

Sport

Street Address

Home Phone

City, State, Zip

Work Phone

Parent Name

e-mail Address

Cell Phone/Pager

Parent Name

Emergency Phone #'s: (In the order you would like us to call)

Name

Day Phone Number

Relationship to Camper

List everyone 18 years and older (including yourself) authorized to pick your child up from camp.

Check here to authorize all individuals listed as Emergency Contacts to pick up your camper.

PHOTO ID IS REQUIRED AT CHECK OUT!

*Medical or Physical conditions or restrictions staff should be aware of: (medications, allergies, injuries, etc)

If possible, (and age appropriate) please group my child with _____

Circle One: First Time Camper

Returning RDV Camper

How did you hear about our Camps at RDV Sportsplex?

(Circle all that apply)

Flyer Referral

E-Newsletter

Magazine/Newspaper

Facebook

Other: _____

