



# CAMP CHILLIN

## Registration Contract



Martin Luther King Day January 20, 2020

Student Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian EMAIL: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female (please circle)

Address: \_\_\_\_\_ City : \_\_\_\_\_ ZIP: \_\_\_\_\_

Mom Phone : ( ) - Dad Phone: ( ) -

Emergency Contact : \_\_\_\_\_ Emergency Phone : ( ) -

Shirt Size \_\_\_\_\_ Shoe Size \_\_\_\_\_

Health insurance: Yes No Carrier: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

*Please check the boxes that apply for your camper: Please explain any on lines below:*

- |   |   |  |                                 |                                   |
|---|---|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Headaches        | <input type="checkbox"/> Takes Medication        | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Food Allergies       | <input type="checkbox"/> Insect allergies | <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Other  |                                   |

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☐ FULL DAY \$75.00  
9:00am-4:00pm

☐ LUNCH \$10.00

☐ BRING YOUR OWN

*For Office Use Only*

☐ Paid \$ \_\_\_\_\_  
CA CC CK# \_\_\_\_\_

Enrollment No: \_\_\_\_\_  
Taken by: \_\_\_\_\_

