

CAMP AMERICA DAY CAMP

"Where children learn, laugh and play!"

CAMPER CONFIDENTIAL INFORMATION FORM

Camper: _____ Nickname: _____ Birth date: _____

Parents Names: _____ Married Sep Divorced Phone: _____

Dietary concerns (like, dislikes, allergies):

Medical concerns (medications, restrictions):

Friends or family at camp:

Swim concerns:

How does this camper handle transitions and new situations?

As a parent, what is your expectation for your child's camp experience?

Any significant life changes in the past year?

**All camp activities present the possibility of accidental injury to campers. These accidents may occur in spite of our risk management efforts. Please list any camp activities in which you don't want your child to participate below.

Parent/Guardian Signature: _____ Date: _____

For Camp Use Only

Division: _____ Bunk: _____ Counselor: _____

