

# Christmas Retreat Registration and Health Form

**Camper Name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade currently enrolled in: \_\_\_\_\_

Camper Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent or Guardian name(s):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Alternate Contact for emergencies:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**Roommate Request (1 name only):** \_\_\_\_\_

Roommates **MUST REQUEST EACH OTHER** in order for request to be honored

**Medications camper will be taking while at camp** *(please bring meds in original containers w/ instructions for administration):*

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**Allergies** *(include food, medication, environmental, etc.):*

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**PLEASE SUBMIT A COPY OF YOUR CAMPER S INSURANCE CARD IN THE UNLIKELY EVENT THEY NEED MEDICAL CARE.**

**Every camper is unique! Please help us get to know your child. Write a few sentences describing their personality, what they're interested in, whether they've been away from home before, and what they're excited for at camp!**