

REHOBOTH BAPTIST DAY CAMP REGISTRATION FORM

CAMPERS NAME: _____ AGE _____ CHURCH ATTEND _____

PARENTS NAME: _____

ADDRESS: _____

PHONE (CELL) _____ (WORK) _____ (HOME) _____

ALLERGIES: (MEDICATIONS, INSECTS, FOODS, ETC.)

SPECIAL DIET: (GLUTEN FREE, DIABETIC ETC) _____

MEDICATIONS: (TO BE TAKEN WHILE AT CAMP ONLY) _____

ANY HEALTH PROBLEM WE NEED TO KNOW ABOUT:

DOCTOR AND NUMBER: _____

EMERGENCY CONTACT: _____ NUMBER _____

PARENT SIGNATURE: _____

Please make sure your child brings the following with them to Day Camp:

- Towel and swimsuit or change of clothes (2 piece swimsuits require a t-shirt over them)
- Please have them wear closed toe shoes, no flip flops or sandals please.

Thank you,

Rachel Steele
Camp Coordinator