

2008 SUMMER PLAYGROUND CAMP REGISTRATION FORM

Biscoe Community Site

FName: _____ LName: _____ MI: _____

Address: _____ Zip Code: _____

Telephone: _____ Birthdate: _____

Indicate T-shirt size: _____

Parent/Guardian Information

Mother: _____ Cell Phone: _____

Employment Telephone: _____

Father: _____ Cell Phone: _____

Employment Telephone: _____

Emergency Contact

Name: _____ Telephone: _____

Address: _____ Zip Code: _____

Relationship to Applicant: _____

Medical Information

My child is allergic to: _____

Doctor: _____ Hospital: _____

By signing this registration form I verify that all information is correct.

Parent/Guardian Signature: _____

Date: _____

