

# 2008 SUMMER PLAYGROUND CAMP REGISTRATION FORM

## Page Street 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: \_\_\_\_\_

