

# Summer Sports Camp Registration Form

Childs Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Parents / Guardian Name: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Number: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Number: \_\_\_\_\_

What is your child's favorite sport? \_\_\_\_\_

What is your child's favorite board game? \_\_\_\_\_

What is your child's favorite arts and craft? \_\_\_\_\_

Does your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any allergies your child may have (food, insect, etc...) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any additional information you want us to know about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_