Print, fill out completely, and then email or fax back to us.

**ENROLLMENT FORM**

Name of Camper\_\_\_\_\_\_\_\_\_\_ Week or Weeks of enrollment\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Full Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History of camper:

* Preexisting injury currently under treatment? Yes no
* Birth deformities (1 eye, 1 kidney, etc)? yes no
* Medical conditions currently under treatment? Yes no
* Is child currently taking medication? Yes no
* Fractures or other disability type injuries? Yes no
* Allergies (drug, food, etc)? yes no

(if camper has a prescribed epipen, please bring)

* History of asthma? Yes no

(if camper has a prescribed inhaler, please bring)

* Mental disorders or seizures? Yes no

If “yes” to any of the above, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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* Date of last Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment: I authorize Kids Outdoors to charge $\_\_\_\_\_\_\_\_ for activities taking place on the following dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Visa Mastercard Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp date\_\_\_\_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

Signature Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_