

Camper # ____ - Registration Information

Camper Information:

First Name		Last Name		Birth Date (M/D/Y) / /	
Gender M / F	Age	Grade completed (by summer 2010)			
Your child's Interests, Hobbies, Sports					

Camper's Medical Information: REQUIRED BY LAW FOR ATTENDANCE AT CAMP

1. Does camper attend a school in the state of Maryland? (Yes / No) If no, a copy of your child's immunization record must be on file before attending camp.		
<i>If your child does NOT have all age appropriate immunizations because of a medical contraindication, you must provide documentation from a licensed physician or local health officer. If the contraindication is temporary provide documentation that includes the expiration date.</i>		
2. Camper's physician	3. Insurance Co.	4. Policy number
5. Phone number of physician	6. Date or best estimate of last Tetanus shot: THIS MAY NOT BE LEFT BLANK	
7. Health History and Medical Information: List any allergies and other restrictions which may hinder camper's ability to fully participate in all camp activities. Include pertinent health information, including a physical, psychiatric, or behavioral problem. (Please attach additional sheet if necessary)		
8. Allergies:		
9. Medication or other health aid that is in present use by the camper:		

Note: If there is any change in health history, medication, or restrictions, it is the parent's responsibility to notify the camp immediately.