

Date: \_\_\_\_\_

### CAMPCARE APPLICATION FOR REGISTRATION

**PLEASE PRINT**

Name of Camper \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Camper's Address: \_\_\_\_\_ City: \_\_\_\_\_ ST & Zip \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Guardians Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST & Zip \_\_\_\_\_

Parents/Guardians Phone Number: (\_\_\_\_) \_\_\_\_\_

**Please Notify in Case of Emergency:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

Indicate if financial assistance is needed: (Circle) Yes No Amount: \_\_\_\_\_

How many years has the camper attended CampCare? \_\_\_\_\_

Camper T-Shirt Size: (Circle) S M L XL 2X Other: \_\_\_\_\_

Family/Friends T-Shirts - \$15.00 each # of Shirts: \_\_\_\_\_ Sizes: \_\_\_\_\_

Please add t-shirt amount to deposit - Thank you.

Contact Email Address: \_\_\_\_\_

FOR CAMP USE	
Postmark	
Fee	
Total Due	
Ackn. Date	
Paid	
Deposit	
Medical	
Reg.	
Camprshp	
Balance	
Notes:	

### CAMPCARE CAMPER PROFILE

Camper's grade in Fall \_\_\_\_\_ Type of Class: \_\_\_\_\_

Does Camper work?  Yes  No Where? \_\_\_\_\_

Have there been any recent changes in the camper's life that may effect mood, temperament, behavior (i.e., move, loss of family member, surgery, etc.)?  No  Yes Explain: \_\_\_\_\_

Favorite Things: \_\_\_\_\_ School subject \_\_\_\_\_ Sport: \_\_\_\_\_

Food: \_\_\_\_\_ Hobby: \_\_\_\_\_ Pet: \_\_\_\_\_

What do you enjoy doing together as a family? \_\_\_\_\_

Does camper participate in church, scouting, Y, or other activities? \_\_\_\_\_

What is your greatest concern with your child? \_\_\_\_\_

What methods of discipline do you find most effective with your child? \_\_\_\_\_

Has your daughter started her period?  Yes  No Would your child be interested in a camp work program?  Yes  No

Does your child have any physical problems?  Yes  No What? \_\_\_\_\_

Is a wheelchair, walker or brace used? \_\_\_\_\_

Does your child ever wet the bed or have accidents of this nature? \_\_\_\_\_

Will your child attend any other camps?  Yes  No If yes, where? \_\_\_\_\_

### RELEASE FORM

I hereby give permission for my camper to be photographed or recorded by the news media and CampCare. The purpose of such photos and videos will be used solely to promote CampCare, through web design, print, and other advertising for CampCare.

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

**CAMPER FEE - \$985.00**  
**Please mail this application with \$250.00 deposit to:**  
CampCare  
P.O. Box 12155, Reno, NV 89510-2155  
Phone: 775-323-3737