

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 - \$1,110.00
Please mail this application with \$350.00 deposit to:
CampCare
P.O. Box 12155, Reno, NV 89510-2155
Phone: 775-323-3737