

KURS CAMPER FINAL REGISTRATION FORM

CHILD'S NAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CAMPER'S EMAIL ADDRESS _____

PARENT/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

NAME OF CONTACT PERSON IN CASE OF EMERGENCY:

1. NAME _____ NUMBER _____

2. NAME _____ NUMBER _____

DOES YOUR CHILD HAVE ANY SPEICAL INSTRUCTIONS FOR THEIR CARE?

IS YOUR CHILD UNDER THE CARE OF A PHYSICIAN? _____

IF YES EXPLAIN _____

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS? _____

This section must be filled out to accommodate your child's dietary needs-

Vegetarian _____ Diabetic _____ other, explain _____
