



# Camper Registration Form

Ages 6 – 18  
Complete a form for each camper attending

Date of Camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Camper Lives With: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Health Problems or Medications We Should Be Aware Of: \_\_\_\_\_

**Name of Person Who Had Cancer:** \_\_\_\_\_

Type of Cancer Diagnosed: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Describe the Relationship: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Transportation Needed?  Yes  No  
(Transportation may be provided if you live within a 30-mile radius of Birmingham)

Camp Newhope has my permission to treat my child with first aid and emergency medical care if necessary  
 Yes  No

Camp Newhope has my permission to use any photos taken of my child at camp for brochures, slide shows, web site, etc.  Yes  No

**Signature of Responsible Party:** \_\_\_\_\_

Please use the back of this form to tell us about your specific concerns, your child's likes and dislikes, personality and character traits. Is your child experiencing any behavior problems, trouble sleeping, or problems at school? Has child received any counseling? If so please elaborate. Please describe your child's relationship to the person who has a cancer diagnosis. Is child living with a parent or other family member? What are your expectations of Camp Newhope? Please give us any information about your child that could be valuable to us when working with him or her at camp.