

Hortense Wesleyan Camp Registration Form

Camper Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Father or Guardian's Name: _____

Mother or Guardian's Name: _____

Mother/Father Cell Phone Number: _____

Home Phone Number: _____

Emergency Contact:

Contact Name: _____

Relationship to Camper: _____ Cell Phone: _____

Home Phone: _____

Health History:

Does your child have allergies? _____ If yes, specify: _____

What is the treatment? _____

Does your child take medication? _____ If yes, specify: _____

In the event of an emergency, I give permission for my child _____
to be taken to the hospital or clinic for care. I understand that every effort will be made
to contact me in the event of an emergency.

Signed _____ Date _____

