

2010 children's camp survivor summer camp

Youth Services Application and Registration

Camper Name _____ Date of Birth _____

Address _____

School (2009 – 2010) _____ Rising Grade _____

Age _____ T-shirt size _____ Male Female

Parent or Guardian Name _____ Relationship to Camper _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ E-mail _____

Employer _____

In the event that neither parent nor guardian can be reached, the following people may pick up the camper.

Name	Home Phone	Work Phone	Mobile Phone	Relationship to Camper
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Camper's Medical History—Known medical conditions

ADD ADHD Diabetes Asthma BEH Seizures Other _____

Allergies _____ Medications _____

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Hospital Preference _____ Phone _____

Insurance Company _____ Policy/Subscriber No. _____

Parent or Guardian Signature _____ Date _____

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