

Note: This is a simple form preview. This form may display differently when added to your page based on inheritance from individual theme styles.

Camper Registration Form -Fayetteville 2016

Items with an asterisk " * " are REQUIRED. The fields on this form may require 15 minutes to complete. Please have your personal info and medical info ready to go, and please have your credit card ready to pay your camp fee - this form's last step links to PayPal.

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4 Policies and Releases
-

HEALTH AND INSURANCE INFORMATION:

Please fill your Health and Insurance information out carefully. Items with an asterisk " * " are REQUIRED.

Primary Insured Family Member *

Employer *

Name of Insurance Company *

Policy Number *

Group Number

(if applicable)

Telephone Number on Back of Card *

Format is (###)###-####

Medicaid Number (if applicable)

Date of Last Tetanus Shot *

Format is ##/##/####

Does Camper have any medication allergies? *

- No
- Yes

Does the Camper take any medication on a regular basis? *

- No
- Yes

Does the Camper have any physical restrictions or limitations (amputations, crutches, wheelchair, visual or auditory)? *

- No
- Yes

Does the Camper have medical issues (such as asthma, hay fever, or seizures)? *

- No
- Yes

Does the Camper require a special diet, or have any food restrictions or allergies? *

- No
- Yes

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