

# 2019 YAP Summer Camp

## Camper Information Form

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Please list who is allowed to pick your child up from camps. Please note that only the parent/guardian signing this form may make changes to these names:

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Has your child been in a summer camp before?      Yes      No

Does your child have any food allergies?      Yes      No

Please list: \_\_\_\_\_

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Does your child have any other allergies?      Yes      No

Please list and describe how they are dealt with: \_\_\_\_\_

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Does your child suffer from any of the following on a regular basis (circle all that apply)?

Nosebleeds      Headaches      Sore Throats      Stomachaches      Runny nose

Seasonal Allergies      Other: \_\_\_\_\_

Does your child have any other known health concerns?      Yes      No

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date