HOPE LOVES COMPANY

HOPE LOVES COMPANY KID'S CAMP
2013 Registration Form

May 3rd – May 5th, 2013
Fairview Lake YMCA
Stillwater, NJ

To register your child, complete both pages of this form and mail it to: Hope Loves Company, P.O. Box 931, Pennington, NJ 08534

PLEASE PRINT

Camper Information:

Last Name: _____ First Name: _____

Male: ☐ Female: ☐ Date of Birth: ____/_____/____ Age at Camp: _____ Grade in Fall 2013: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Shirt Size – Circle One: Youth S M L Adult S M L XL

Parent/Guardian Information:

Parent/Guardian 1:

Last Name: _____ First Name: _____

Address(if different): _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Relationship to Camper: _____

Parent/Guardian 2:

Last Name: _____ First Name: _____

Address(if different): _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Relationship to Camper: _____

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Emergency Contacts:

List 2 contacts other than parent(s)/guardian(s)

Emergency Contact 1:

Name: _____ Relationship to camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 2:

Name: _____ Relationship to camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Permission for Enrollment:

I give my child permission to participate in all Hope Loves Company camp activities with the exception of those submitted in writing to the camp prior to arrival.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____