



Camp Chesapeake Registration Form

Youth Camp (Ages 6-12)

Camper's Name _____
 Date of Birth: _____ Gender: M or F Age _____
 Grade just completed: _____ School just attended: _____
 Home Phone: _____ Cell: _____
 Address: _____ City: _____ State: ____ Zip: _____

***PLEASE FILL IN THE FOLLOWING INFORMATION FOR PRIMARY
 AUTHORIZED PERSON(S) TO WHOM THIS CAMPER MAY BE RELEASED:***

1. Name: _____ Relation to camper: _____
 Home Phone _____
 Work Phone: _____
 Cell Phone: _____

2. Name: _____ Relation to camper: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

*** Additional space available on the back of this form ***

***UNDER NO CIRCUMSTANCES WILL THIS CAMPER BE RELEASED TO
 ANYONE NOT LISTED ON THIS SHEET! PLEASE REFER TO CAMP
 HANDBOOK FOR PICK UP PROCEDURES.***

 SIGNATURE

 DATE

Please check those sessions which have been pre-paid:

Session 1 Session 2 Session 3 Session 4 Session 5
 Session 6 Session 7 Session 8 Session 9

***A \$25 deposit is necessary to secure a position for EACH session of attendance.
 Each session deposit will be applied to the weekly tuition.***

ADDITIONAL AUTHORIZED PERSON(S) AND/OR EMERGENCY CONTACTS:

3. Name: _____ Relation to camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

4. Name: _____ Relation to camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

5. Name: _____ Relation to camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

6. Name: _____ Relation to camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

7. Name: _____ Relation to camper: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

SIGNATURE

DATE