

# Perryville Summer Camp - Registration Form

Youth Camp (Ages 6-12) @ Cifaldo Community Center

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 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: \_\_\_\_\_

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INITIALS

DATE