

Registration Form

Camp weeks _____

Camper's name _____ Age _____ D/O/B _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell/Pager _____

Emergency Contacts

Name _____ Number _____

Name _____ Number _____

Does your child have any allergies? Y or N

If so, please specify _____

Is your child taking any medication? Y or N

If so, please specify _____

Should your child require and emergency medical treatment from the first aid member of the Dapper Dan Staff or by a hospital staff member, would you give your permission for treatment to be administered? Y or N

Parent's signature _____ Date _____

Dapper Dan Farm, it's management and employees assume no responsibility for anyone injured or hurt while attending or visiting Camp Dapper Dan.

Parent's signature _____ Date _____