



**SUMMER CAMP 2025
APPLICATION**

**COST: \$50.00
PER CHILD**

TODAY'S DATE _____

Have you attended camp here before: Yes/ No



Youth Information (ELIGIBLE AGES 6 TO 16) – NO EXCEPTIONS

First Name: _____ Last Name: _____ Gender: M ___ F ___

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

Date Of Birth: (___ / ___ / ___) School: _____ Grade Level: _____

Free/Reduced Lunch? Yes _____ No _____ Age: _____

Parent/Legal Guardian

First Name: _____ Last Name: _____ Relationship _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email Address: _____ Free/Reduced Lunch? Yes _____ No _____

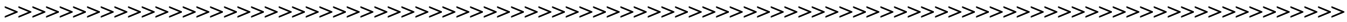
Health Information

Emergency Contact: _____ Relationship: _____

Work Place: _____ Phone: _____

WE MUST BE ABLE TO REACH YOU AT ALL TIMES. IT IS YOUR RESPONSIBILITY TO MAKE SURE YOU KEEP YOUR TELEPHONE NUMBER CURRENT AND COMMUNICATE THE NUMBER TO US. IF WE CANNOT REACH YOU, YOUR CHILD WILL BE SUBJECT TO PROGRAM DISMISSAL

Parent/Guardian Initials: _____



I, the parent/legal guardian of the above named youth, give approval for participation in District 4, Forrest County sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless District 4, Forrest County and Forrest County from claim(s) of any nature arising from any activity, including transportation, connected with the program.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____

Medications – It is very important that we know what medications your child is taking. It is very unfair to staff if you withhold information that can assist in the care of your child.

Please List name of medicine: prescription and non-prescription. Please include administering instructions.

Name of medicine	Prescribed for what health issue

PLEASE LIST THE FULL NAMES AND AGES OF EVERYONE LIVING IN YOUR HOUSEHOLD INCLUDING THE APPLICANT

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.