

Spicewood Country Camp Enrollment Form

Camper's Information		
Name (Last, First, & Middle Name)	Date of Birth	Home Phone
Home Address	City & State	Zip Code
Parent Name(s)		
	Camper's Date of Admission:	
Home Address (If different than above)	City & State	Zip Code
Parent Phone Numbers	email:	
Home:	Cell:	work:
	Cell:	work:
Person to call if parents cannot be reached:		
Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
I authorize my child to leave the camp facility with the following people:		
Name:	Phone #:	
Name:	Phone #:	
Name:	Phone #:	
Please list any conditions your child might have that we should be aware of, such as: allergies, existing illness, or injuries within the last 12 months:		
Authorization for Emergency Medical Attention		
In the event that I cannot be reached for emergency medical attention, I authorize the Facility and or the director/person in charge to take my child to:		
Name of Physician:	Phone #:	
Address:	Hospital:	
I hereby give consent for necessary treatment when my child is in the care of this physician and/or hospital.		
	Signature:	
Water Activities		
I <input type="radio"/> give <input type="radio"/> do not give consent for my child to participate in water activities:		
<input type="radio"/> Swimming Pool	<input type="radio"/> Creek	