

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 #:		
List any special conditions your child might have, such as allergies, existing illness, injuries within the last 12 months, and any other information we should be aware of:		
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	