

Riley's Farm Day Camp Registration

Camper Information:

Last Name: _____ First Name: _____ Birth Date: _____ Age: _____ Sex: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____ Relationship to Camper: _____

Home Address: _____

Business Address: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

e-mail address: _____

Secondary Parent/Guardian Information:

Last Name: _____ First Name: _____ Relationship to Camper: _____

Home Address: _____

Business Address: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

e-mail address: _____

Emergency Contact Information:

Last Name: _____ First Name: _____ Relationship to Camper: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person(s) Authorize to Pick up Child Besides Parents/Guardians listed above

Person 1: _____

Person 2: _____

Person 3: _____

Please list and special needs or physical limitations we should be aware of, including behavior issues and allergies:

Signature of Parent or Guardian: _____ Date: _____