

___AM
___PM
___ALL DAY

Westchase Summer Camp 2024 Registration Form

(All information below must be completed)

Camper's Name: _____ Sex: M / F Age: _____
(one form per individual camp participant – aged 5 – 12 only)

Date of Birth: _____ Westchase Resident Yes / No

Address: _____

City : _____ State: _____ Zip: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Parent or Legal Guardian: _____

Emergency Contact Name: _____ Phone: (____) _____

The following people ARE allowed to pick up the camper: _____

The following people are NOT allowed to pick up the camper: _____

List any allergies or medical conditions that the camper has: _____

Please check the weeks they will be attending:

___ Week 1: May 27-31

___ Week 4: June 17-21

___ Week 8: July 15-19

___ Week 2: June 3-7

___ Week 5: June 24-28

___ Week 9: July 22-26

___ Week 3: June 10-14

___ Week 6: July 1-5

___ Week 10: July 29-Aug2

___ Week 7: July 8-12

___ Week 11: Aug 5-9

*****Important Note – Staff is not authorized to dispense any form of medication to participants, either prescribed or over the counter. If your child is required to take medication, please make appropriate arrangements. ****

Signature of Parent or Guardian _____ Date: _____