



*Little Jack Rec Camp
Camper Information Form*

Child Name:	Gender:	Male	Female
Date of Birth:	Age:		
Can participate in free swim if they choose?	Y	N	Rock Climbing? Y N
Registered for swim lessons?	Y	N	What dates? Time?
Camper requests to be grouped with the following campers:			
Camper Shirt Size:	YS (6-8)	YM (10-12)	YL (14-16) AS AM AL AXL
Medical Information: Please list any conditions to which we should be aware.			

Child Name:	Gender:	Male	Female
Date of Birth:	Age:		
Can participate in free swim if they choose?	Y	N	Rock Climbing? Y N
Registered for swim lessons?	Y	N	What dates? Time?
Camper requests to be grouped with the following campers:			
Camper Shirt Size:	YS (6-8)	YM (10-12)	YL (14-16) AS AM AL AXL
Medical Information: Please list any conditions to which we should be aware.			

Child Name:	Gender:	Male	Female
Date of Birth:	Age:		
Can participate in free swim if they choose?	Y	N	Rock Climbing? Y N
Registered for swim lessons?	Y	N	What dates? Time?
Camper requests to be grouped with the following campers:			
Camper Shirt Size:	YS (6-8)	YM (10-12)	YL (14-16) AS AM AL AXL
Medical Information: Please list any conditions to which we should be aware.			



Little Jack Rec Camp
Parent/Guardian Information Form

In the event of an emergency, please list the name of the person we should contact first: _____

Parent/Guardian Info:

Parent 1: _____

Parent 2: _____

Contact #: _____

Contact #: _____

Email: _____

Email: _____

Parent/Guardian Mailing Address: _____

Please tell us how you heard about our camp: Flyer SFA Today Referral From A Friend
 Returning Camper Summer Kick-Off Event Other: _____

Emergency Contacts:

Please list two non-parent contacts that will be able to pick up if necessary.

Name: _____

Name: _____

Contact #: _____

Contact #: _____

Relationship: _____

Relationship: _____

Camper Release Authorization

Please list names of people (other than listed above) who **HAVE** permission to pick up your children:

Name: _____

Name: _____

Contact #: _____

Contact #: _____

Name: _____

Name: _____

Contact #: _____

Contact #: _____

Name: _____

Name: _____

Contact #: _____

Contact #: _____

*Parents, emergency contacts, and the individuals listed above are the only individuals permitted to pick up your children from camp! If an individual is not on this list, they will not be allowed to pick up your children. Any additions or deletions to this list must be done in person. **ANYONE PICKING UP YOUR CHILDREN MUST SHOW A DRIVERS LICENSE.**

Please list anyone **WHO DOES NOT** have permission to pick up your children.

Physician's Name: _____

Phone Number: _____

What is your CODE WORD for us to use to identify you over the phone? _____



*Little Jack Rec Camp
Medication Authorization Form*

AUTHORIZATION TO ADMINISTER MEDICATION

The Department of Campus Recreation **WILL NOT** administer medication to participants. The following authorization form is to be completed if alternative arrangements are to be made.

Parent/Guardian Name: _____ Contact #: _____

If I am not available to administer medication, the following person(s) are authorized to administer any needed medications.

Contact Name: _____ Contact #: _____

Contact Name: _____ Contact #: _____

Physician's Name: _____ Contact #: _____

Child's Name: _____ Medication: _____ Dosage: _____ Dosage Time(s) to be Administered: _____ Possible Side Effects: _____ Special Instructions: _____
Child's Name: _____ Medication: _____ Dosage: _____ Dosage Time(s) to be Administered: _____ Possible Side Effects: _____ Special Instructions: _____
Child's Name: _____ Medication: _____ Dosage: _____ Dosage Time(s) to be Administered: _____ Possible Side Effects: _____ Special Instructions: _____

Prescribed medication shall be given to a child only in accordance with the parent/guardian's written consent through this form.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

_____ SFA Student, Faculty, Staff, Alumni or Rec Center Member - \$170/week per child
_____ Non-SFA or Community member - \$195/week per child

The family must register and PAY IN FULL for three or more sessions at a time in order to be eligible for the discounts.

Payment #1

Total Amount Owed: _____ # of Sessions Reg: _____
of Discounts Given: _____
Date: _____ CSI #: _____ Received by: _____
Payment Form: Cash Check#: _____ Credit/Debit Amount Remaining _____
Notes: _____

Payment #2

Total Amount Owed: _____ (Amount remaining from previous payment plus additional registration fees) # of Sessions Reg: _____
of Discounts Given: _____
Date: _____ CSI #: _____ Received by: _____
Payment Form: Cash Check#: _____ Credit/Debit Amount Remaining _____
Notes: _____

Payment #3

Total Amount Owed: _____ (Amount remaining from previous payment plus additional registration fees) # of Sessions Reg: _____
of Discounts Given: _____
Date: _____ CSI #: _____ Received by: _____
Payment Form: Cash Check#: _____ Credit/Debit Amount Remaining _____
Notes: _____

Payment #4

Total Amount Owed: _____ (Amount remaining from previous payment plus additional registration fees) # of Sessions Reg: _____
of Discounts Given: _____
Date: _____ CSI #: _____ Received by: _____
Payment Form: Cash Check#: _____ Credit/Debit Amount Remaining _____
Notes: _____

Payment #5

Total Amount Owed: _____ (Amount remaining from previous payment plus additional registration fees) # of Sessions Reg: _____
of Discounts Given: _____
Date: _____ CSI #: _____ Received by: _____
Payment Form: Cash Check#: _____ Credit/Debit Amount Remaining _____
Notes: _____
