



Participant Information

*First Name: _____ *Last Name: _____

*Preferred Name: _____ Medical Alert: _____

*Gender: _____ *Birthday: _____ *Age: _____
(Male/Female) (mm/dd/yyyy)

*Grade: _____ *School Name: _____

*Address: _____

Address 2: _____

*City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Cell Phone: _____

*Email: _____ School Name: _____

*Club Team: _____ *Coach's Name: _____

*Coach's Phone: _____

Camp Information

* Which Dates will your child be attending camp?

May 26 - 31 June 2 - 7 June 9 - 14 June 16 - 21

*Will your child be a Commuter (staying off campus) Camper? _____
(y/n)

*Will your child be a Resident (staying in dorms) Camper? _____
(y/n)

*Adult T-Shirt Size: _____ *How many years have you attended our camp? _____
(S/M/L/XL)

*How did you hear about our camp?: _____

Roommate Request (campers must request one another): _____

Parent Guardian Information

*Parent/Guardian First Name 1: _____

*Parent/Guardian Last Name 1: _____

*Parent/Guardian Cell Phone 1: _____

*Parent/Guardian Relationship 1: _____

Parent/Guardian First Name 2: _____

Parent/Guardian Last Name 2: _____

Parent/Guardian Cell Phone 2: _____

Parent/Guardian Relationship 2: _____

Emergency Contact Information

*Emergency Contact First Name: _____

*Emergency Contact Last Name: _____

*Emergency Phone Contact: _____

Best Times

*50yd Free: _____

*100yd Free: _____

*200yd IM: _____

*50/100yd Best Stroke: _____

