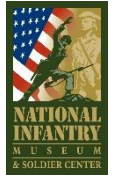


2019 NIM KIDS SUMMER CAMP

REGISTRATION FORM



Camper Information

First Name: _____ Last Name: _____

Address: _____
Street City State Zip Code

Age: _____ Date of Birth: _____

What T shirt size does your child wear? Youth: __S __M __L Adult: __S __M __L

Parent Information

First Name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____

Address: _____
Street City State Zip Code

Primary Email address _____

Active or previous military service: ____Yes ____No

Additional Information

Authorized person for pick-up (in addition to parents and emergency contacts)

First and Last Name: _____ Phone number: _____

Person(s) NOT authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent)

First Name: _____ Last Name: _____

What Session will your camper attend?

__June 10-14 "Objective: The Last 100 Yards" __June 17-21 "Leadership II" __Jun 24-28 "Boots on the Ground"
__July 7-12 "Leadership Camp I" __July 15-19 "Boots on the Ground" __*June 3-7 "CIT"

**There is an application and Interview process for this camp session.*

How did you learn about our summer camp?

__Summer Camp Flyer __Newspaper __TV/Radio __Internet __Word of Mouth __At School

Other (please specify) _____

Dietary restrictions

Does your child have any allergies to food, medication or other substances? What are the symptoms and actions to be taken if any? _____

Please provide information on any chronic physical problems and pertinent development information and any special accommodations needed. Attach additional sheets if necessary.

Will your child be required to take medication during the camp day? If so, please complete Medication Authorization Forms. ___Yes ___No

Emergency Contact Information

First Name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____

Relationship to child: _____

Insurance Information

Name of Insurer

First Name: _____ Last Name: _____

Name of Insurance Company: _____

Group Number: _____ Policy Number: _____

Parent/Guardian Signature _____

(FOR MUSEUM USE ONLY)

Registration Fee Paid On _____ Entered in Database on _____

Paid by: CASH CHECK (#) _____ Credit _____ EXP. _____

Amount paid: _____ Notes: _____