

2020 DAY CAMP REGISTRATION FORM

*Each camp is limited to 25 participants *Please fill out one form for EACH camper
*Please choose one camp only



CAMPER NAME: _____

DOB: _____ TSHIRT SIZE: _____

REGISTERING FOR: (check one)

DES MOINES DAY CAMP 1 (July 13-July 17)

DES MOINES DAY CAMP 2 (July 20-July 24)

PARENT/GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ WORK PHONE: _____ ADD'L PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT INFORMATION (please list two emergency contacts)

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP: _____

CELL PHONE: _____ WORK PHONE: _____

MEDICAL INFORMATION

Is the camper allergic to any medication and/or foods? Yes / No

If yes, please list **ALL** allergies: _____

Does the camper require any special accommodations? If yes, please describe: _____

Please list any medication that the camper is on that he/she will need administered while in the care of CCC Staff/Volunteers while attending Day Camp (between the hours of 9am-5pm): _____

INSURANCE CARRIER: _____ **POLICY #:** _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

*I understand and agree to abide by the operation rules as set by Children's Cancer Connection (CCC). My signature authorizes CCC to use a photograph of my child named on this form in future promotion. My signature also authorizes my child to be treated by the first available medical facility and physician should the need arise, and authorizes the emergency contact listed above to pick up my child from CCC and its Staff and Volunteers and make decisions regarding my child if I am not available. I understand that every effort will be made to contact me in the event that such an emergency should take place.

****PLEASE EMAIL COMPLETED FORM TO PROGRAMS@CHILDRENCANCERCONNECTION.ORG****