



2016 Summer Camp Registration Form

Please print clearly all information requested

Child's Information

Date _____

First Name _____ MI _____ Last
Name _____

Birthdate _____ Age _____ Grade _____ Gender _____
mm/yyyy

First Name _____ MI _____ Last
Name _____

Birthdate _____ Age _____ Grade _____ Gender _____
mm/yyyy

First Name _____ MI _____ Last
Name _____

Birthdate _____ Age _____ Grade _____ Gender _____
mm/yyyy

Are there any medical problems or food allergies etc., associated with the child(ren) that the staff should be aware of? If yes, please explain

Parent / Guardian Information

Father's First Name _____ MI _____ Last Name

Street Address _____ City _____ State _____

Zip _____ Home Phone _____ Mobile Phone _____

Email _____

Mother's First Name _____ MI _____ Last Name

Street Address _____ City _____ State _____

Zip _____ Home Phone _____ Mobile Phone _____

Email _____

AUTHORIZATION: Parent/Guardian: Do you consent to the above named child(ren) participating in the Right Choices for Girls Program? Yes _____ No _____

Parent/Guardian Print and

Sign _____

REQUIRED BY THE PRIVACY ACT OF 1974: Title of Form – "Right Choices Registration and Information Form.

1. Authority: Title 10 U.S.C. Section 3547(b). 2. Principal Purpose (s): This form provides the means of registering applicants for Right Choices for Girls Programs. 3. Routine uses: To serve as list to contact applicants and their parents or guardians by mail or phone when necessary. 4. Mandatory or volunteer disclosur