

**Vernon High School
Summer Bridge 2010
Registration Form**

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Phone number _____
Emergency Contact _____ Emergency Contact Number _____
Emergency Contact _____ Emergency Contact Number _____

CAMP INFORMATION

T-Shirt Size: Small Medium Large XL 2XL

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____
Phone number _____ Work number _____ Cell number _____

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the camp director when your child travels off campus.

Child's Doctor's Name: _____ Phone Number: _____

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

May we serve your child food and beverages? Yes No

Medical, Physical, or Emotional Conditions (including Disabilities):

If your child does have any conditions, please provide information to assist us in providing the best camp experience for your child.

→ TURN OVER PLEASE →

