

Supercamp 2009 Registration Form

Return with payment to Supercamp c/o Tina Brossia, Registrar, 4835 Rauch Road, Petersburg, MI 49270

Last Name _____ First Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip code _____

Phone # _____ Cell # _____ Parent/Guardian Name _____

Parent's E-mail _____ Sex _____ Years at Supercamp _____

Cabin Mates: please list only two. (We will attempt to honor all requests, but first year campers will have priority)

How did you hear about Supercamp? _____ Name of School _____

Circle your T-Shirt Size 10-12 14-16 Adult S Adult M Adult L Adult XL (add \$1)

[] Are you a **12 or 13 year old** who is interested in the **High Ropes Course**? There is an **additional charge of \$20** due with registration. High Ropes is limited to 12 participants with 13 year old campers getting preference. (Refunds will be given if course fills.) Registrations are on a 1st come 1st serve basis. For more information, contact any committee member.

Medical Information

Family Physician _____ Address _____

Phone _____

Emergency Contact _____ Phone _____ Relationship _____

Regular Medications _____

We cannot administer any medications you do not bring, including Tylenol. We will have a nurse on staff that will hold and administer all medications. List any special instructions here or on an additional sheet if necessary.

Allergies, Special Dietary needs, present medical conditions _____

My child has my permission to attend Supercamp and participate in the program. I understand that participants will be supervised, and if a serious illness or injury develops, medical and/or hospital care will be given. However, the staff is not responsible in case of injury or illness, nor for compounded injury or illness due to present medical conditions. I further understand that in case of a serious illness or injury I will be notified; but if it is impossible to contact me I give my permission for the attending physician or emergency personnel to transport, hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery as necessary for my child.

Parent/Guardian Signature _____ Date _____

Please list anyone who **may not** pick up your child _____

You may pick up your child from a staff member near the flagpole after the closing circle.

During camp, your child may be photographed. These photos may be used in promotional material. If you would not like your child's photo used, please sign here _____