

Kirkwood Event Registration Form

Deposit of \$25.00 will be due with form to register.

Please email form to Kirkwood@kirkwoodcamp.org

If you have any questions regarding registration please contact the office at 570-421-8625.

Event Information

Event Name: _____

Camper Information

Camper Name: _____

Gender: _____ Age: _____

Church Affiliation: _____

Parent/Guardian Contact Form (Not needed for Chaperones)

Parent/Guardian Name: _____

Address: _____

E-mail: _____

Relationship to

Camper: _____

Phone: (____) _____ - _____.

Medical Information

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet?

Any physical limitations?

Emergency Contact

Name: _____

Address: _____

Relationship to Camper: _____

Phone:(____) _____ - _____.

Parent Signature: _____ Date: _____

(If camper is under the age of 18 Parent will need to sign)