



Camp River Run

Camper Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: _____ Social Security No: _____ Gender: _____

Height: _____ Weight: _____ Primary Language: _____

Parent/ Guardian/ Caregiver Information

Mother and Father or Caregiver

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____ 2nd Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____ 2nd Phone: _____

Other Participant Information

Diagnosis - Primary	
Diagnosis - Secondary	
Details	
Date of Onset	____/____/____
Have there been any seizures in the last year?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Emergency Contact

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Medical Information

Physician Name*

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Hospital Preference (N/A if there is no preference)	
Do you have any medical conditions/illnesses?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the participant have any allergies? (If yes please give us details)	

Past Participation

Has this child participated in Camp River Run camps in the past?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are any of the participants' siblings attending day camp?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____