



**CAMP TOTOKETT 2015
ADULT STAFF
REGISTRATION**

Name _____ Gender M F

E-Mail _____

Phone – Home: _____ Cell: _____ Work _____

Address

_____ City _____ State _____ Zip _____

Please list any special needs or information:

Allergies: _____

Medications: _____

Emergency Contact Information

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

All adult volunteers must have a current physical form on file to volunteer at camp – it is a **State requirement**. *By agreeing to volunteer, you agree to furnish us with this form prior to the first day of camp.* Even if you will only be on premises for one activity, a physical form and registration form are required. Physicals are valid for three years from the date of your last exam.

Staff Signature: _____ Date: _____

**Mail or fax your completed form to First Congregational Church
1009 Main St, Branford, CT 06405
Fax#203-483-5237**