



**CAMP TOTOKETT MENTOR
REGISTRATION 2015**

August 3-7, 2015

NAME: _____ **BIRTH DATE:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

E-Mail: _____ **Gender:** M F

Home Phone: _____ **Cell Phone:** _____

Please list any special needs or Information:

Medication: _____

Allergies: _____

Emergency Contact Information:

Name of person to contact: _____ *Relationship:* _____

Home phone #: _____ *Work/Cell phone #:* _____

Name of person to contact: _____ *Relationship:* _____

Home phone #: _____ *Work/Cell phone #:* _____

T-shirt size: AS AM AL AXL (select one for staff shirt)

Photo Release: I will/will not (circle one) allow my child's picture to be used in Church Publicity for Camp Totokett.

PHYSICALS: All 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.* Physicals are valid for three years from the date of your last exam.

MENTOR SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

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