



CAMP TOTOKETT July 26 – 30, 2021 ADULT STAFF REGISTRATION

Name: _____

Gender Identity: Male Female Non-binary Prefer not to say

What pronouns do you prefer us to use at camp? _____

Email: _____

Phone-Home: _____ Cell: _____ Work: _____

Address: _____ City: _____ State: ____ Zip: _____

Please list any Special Needs or Information:

Medication(s): _____

Allergies: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

All adult volunteers/staff members 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: _____

Please mail or email your completed Registration & Medical Forms to:

**Hailey Nelson
c/o Camp Totokett
24 Reynolds Avenue
Branford, CT 06505**

Telephone: (203) 859-1320

Email: camptotokett@gmail.com