



CAMP TOTOKETT July 29 – August 2, 2019 ADULT STAFF REGISTRATION

Name: _____ Gender: M F
E-mail: _____
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: _____
Mail or fax your completed Registration & Physical Forms to:

CAMP TOTOKETT
First Congregational Church
1009 Main St. Branford, CT
06505

Telephone: (203) 488-7201
Email: camptotokett@gmail.com