



**CAMP TOTOKETT MENTOR**  
**REGISTRATION**

**July 26 – 30, 2021**

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

What pronouns do you prefer us to use at camp? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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 #: \_\_\_\_\_

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Home phone #: \_\_\_\_\_ Work/Cell phone #: \_\_\_\_\_

**Adult 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:** \_\_\_\_\_

*(Not required if Mentor is 18 years or older)*

Mail or Email your completed form to:

**Hailey Nelson**  
**c/o Camp Totokett**  
**24 Reynolds Avenue**  
**Branford, CT 06405**

If you have any questions or concerns please do not hesitate to contact us!

**Email:** [camptotokett@gmail.com](mailto:camptotokett@gmail.com)

**Phone:** (203) 859-1320