

Killam's Point Day Camp & Camp FCCB 2018 Staff Registration

Name: _____ Gender: M F

T-shirt Size: AS AM AL AXL A2XL

Health form on file? Y N

Allergies _____

Parent/Guardian Name (if under 18): _____

Email: _____

Phone (Home) _____ (Cell) _____

Address _____ City _____ State: _____ Zip _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Camp Choice(s):

Camp FCCB

_____ **June 11-15**

_____ **June 18-22**

Killam's Point

_____ **June 25-29**

_____ **July 9-13**

_____ **July 16-20**

_____ **August 6-10**

Transportation – Please list names of children that will ride in with you:

List experiences and/or credentials you have working with children: _____

What gifts/talents do you have to offer: _____

Area you would like to work in _____
(counselor, media/photo, art, music, nature, sports, kitchen, waterfront, etc.)

Signature _____ Date _____

Pick-up Authorization 2018

(For staff under 18 years of age)

In case I cannot pick up my child, please release my child to one of the following people:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Signature of parent/guardian: _____ Date: _____