

Killam's Point Day Camp 2019 Staff Registration

Name: _____ Gender: M F

T-shirt Size: AS AM AL AXL A2XL Health form on file? Y N

D.O.B. if under 18 _____

Allergies _____

Parent/Guardian Name (if under 18): _____

Email: _____

Phone Number _____

Address _____ City _____ State: _____ Zip _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

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

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Camp Choice(s):

_____ July 8-12 _____ July 15-19 _____ July 22-26 _____ August 5-9

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 (**Not guaranteed**) _____
(counselor, media/photo, art, music, nature, sports, kitchen, waterfront, etc.)

Signature _____ Date _____

