

## Killam's Point Day Camp Staff Registration

Name \_\_\_\_\_ Gender \_\_\_\_\_

D.O.B if under 18 \_\_\_\_\_

T-Shirt Size AS AM AL AXL A2XL

Parent/Guardian Name if under 18 \_\_\_\_\_

email \_\_\_\_\_ phone \_\_\_\_\_

address \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

### Camp Choice(s)

\_\_\_\_\_  
July 6 - 10

\_\_\_\_\_  
July 13 - 17

\_\_\_\_\_  
July 20 - 24

\_\_\_\_\_  
July 27 - 31

**Please list names of children who will ride in with you:**

\_\_\_\_\_

**List experiences or credentials you have working with children:**

\_\_\_\_\_

**Area you would like to work (not guaranteed)** \_\_\_\_\_

(counselor, art, nature, media/photo, music, games, kitchen, waterfront etc.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

