

Killam's Point Day Camp Staff Registration

Name: _____ Gender: M F

T-shirt Size: AS AM AL AXL A2XL

Special Needs or Information _____

Allergies _____

Parent/Guardian Name (if under 18): _____

Email: _____

Phone (Home) _____ (Cell) _____

Address _____ City _____ State: _____ Zip _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Camp Weeks:

Camp Choice(s):

FCCB Under The Sea _____ **June 12-16** _____ **June 19-23**

Killam's Point _____ **June 26-30** _____ **July 10-14** _____ **July 24-28**
_____ **August 7-11**

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** _____

