



**CONTINUING
REGISTRATION FORM**
Summer 2017

Participant Name: _____

Camp Week: _____

Indicate changes below:

E-Mail Address:	Home Phone:	Mobile Phone:
Address:	City:	State / Zip:
Emergency Contact::	Phone:	Phone:
Medical Conditions & Medications:		
Other :		
<input type="checkbox"/> There are no known changes to the participant's medical conditions, medications or contact information.		
Please reserve my space for the Summer Adventure Session week indicated above.: SIGNATURE/ DATE:		