

You must bring these 2 forms with you to check-in

**Carthage
Summer Camp Housing Registration and Health Form**

Camp Name: Carthage Volleyball Camp **Camp Date:** 6/26 – 6/28

Last Name: _____ **First Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **D.O.B.:** _____

Gender: Male Female

Emergency Contact: _____ **Relationship:** _____

Day Time Phone Number: _____

Evening Phone Number: _____

Cell Number: _____

Health Conditions:

- Asthma
- Diabetes
- Epilepsy
- Other Conditions

Allergies:

- Insect Stings _____
- Foods _____
- Medications _____
- Other Allergies _____

Participants Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

