

Carthage

Summer Camp Housing Registration and Health Form

Camp Name: Carthage Volleyball Camp **Camp Date:** 7/21/23 – 7/23/23

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:** _____