



Camper Registration Form

Camper Information				
Last Name:		First Name:		DOB: ____/____/____
Street Address:		City:		ZIP:
Grade (Fall 2010):	School:	Buddy's name:	Shirt Size: Child: S M L Adult: S M L XL	
Camp begins at 9:00 am and ends at 3:00 pm on Monday, Tuesday, and Wednesday. On Thursday, camp begins at 9:00 am and continues with an overnight which ends Friday at 11:30 am.				
Family Contact Information				
Custodial Parent/Guardian #1:		Home Phone:	Work Phone:	Cell Phone:
Email Address:			Phone number to use in case of emergency at camp:	
Custodial Parent/Guardian #2:		Home Phone:	Work Phone:	Cell Phone:
Email Address:			Phone number to use in case of emergency at camp:	

Permission

I give permission for my camper to attend camp and participate in all activities, including overnights that are part of the program, unless otherwise indicated. I understand that there are certain risks associated with attending camp and the activities that are part of the program. I agree to cooperate with all regulations including event fees.

I give permission for a responsible adult to obtain medical treatment for my camper at area hospitals/medical centers. YES NO

Parent/Guardian Signature: _____ / ____ / _____

Program Fee: \$90

The program fee **will not** be refunded for cancellations after June 1, 2010

Make checks payable to:

Eagan Service Unit

Questions?

Email FairyTaleFunCamp@gmail.com

Visit www.eagangirlscouts.org/index_camp.htm



Medical Information & Emergency Contacts		
Camper Name:		DOB:
Family Physician:		Physician's phone #:
Please list any allergies: _____ _____		
Emergency Contact #1:		Relation:
Home Phone:	Cell Phone:	Work Phone:
Emergency Contact #2:		Relation:
Home Phone:	Cell Phone:	Work Phone:
Please list any dietary restrictions (vegetarian, kosher, etc.): _____ _____		
Please list any medical conditions we should be aware of: _____ _____		