

Summer Camp Participation Registration

Date: _____

Dear Parent/Guardian,

We are excited to announce that registrations are now open for our upcoming Summer Camp! This year, we have a variety of activities planned that will ensure an unforgettable experience for your child.

Participant Information

Name of Child: _____

Age: _____

Gender: _____

Parent/Guardian Information

Name: _____

Email: _____

Phone Number: _____

Camp Details

Camp Dates: _____

Location: _____

Registration Fee: _____

Emergency Contact Information

Name: _____

Phone Number: _____

Medical Information

Does your child have any allergies or medical conditions? If yes, please specify:

Signature

By signing below, I acknowledge that I am enrolling my child in the Summer Camp and agree to the terms and conditions outlined.

Signature: _____

Date: _____

Thank you for choosing our Summer Camp! We look forward to an exciting summer!

Sincerely,
Summer Camp Team