

REGISTRATION: CHIHOPI 2019

NAME
ADDRESS street
city state zip
PHONE # () - - Cell () - -
Email address:
Birthdate ___ / ___ / ___ Age at time of camp (August 2019): ___ yrs. ___ mos.
HEALTH INSURANCE
Group #
Policy #
Phone #
What is your child's swimming level? Beginner intermediate advanced
Does your child have any allergies? No Yes (Please list)
Does your child have a seizure disorder? No Yes
Does your child have any social or behavioral difficulties? Please describe.
Please describe any concerns you may have or special information you feel we should know to provide the best possible camping experience for your child.
Campers are grouped in cabins according to age and developmental level. If your child is a repeat camper, does he/she have any specific request for a cabin-mate? If so, please list 1 or 2 names. We will try to honor these requests whenever possible.