

**PUGET SOUND WILDCARERAPTOR CAMP
REGISTRATION FORM**

All camps are \$250.00 for the week: One per individual camper.

CAMPERS NAME: _____

DOB: _____ AGE: _____ GRADE: _____

REGISTRATION FOR (check one or both, \$250.00 for each week)

_____ July 26th 2021

_____ August 9th 2021

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL#: _____ WORK: _____

HOME #: _____ ADDL #: _____

EMERGENCY CONTACT _____

Relationship _____ CELL#: _____ WORK # _____

Student must be signed in/out daily. List any additional persons authorized to sign student in/out of camp:

_____ Relationship _____ Phone: _____

_____ Relationship _____ Phone: _____

Is your student allergic to any medications and/or foods? Yes _____ No _____

If yes, please list _____

Does your student require any special accommodations? If yes, please describe: _____

Total payment due one week prior to start of camp (# of camps x \$250.00 per week) _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

I understand and agree to abide by the information herein and that I and my student will abide by the safety rules of Puget Sound Wildcare Raptor Camp contained in the attached safety rules. My signature also authorizes my child to be treated by any available medical facility and physician should the need arise and authorizes emergency contact listed above to pick up my student from the program and make decisions regarding my student if I am not available. I understand every effort will be made to contact me if such an emergency should take place.

*Send completed form to pswccommunications@gmail.com