

**PUGET SOUND WILDCARE RAPTOR 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 26<sup>th</sup> 2021

\_\_\_\_\_ August 9<sup>th</sup> 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](mailto:pswccommunications@gmail.com)