



## It's A Roarin' Good Time Summer Camp

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Name and Phone of individual that can pick-up and drop-off your child at camp:

Allergies:

Please return this form to the church office: Waterford CUMC, 3882 Highland Rd.,  
Waterford, MI 48328. Thank you!