

Camp KALEIDOSCOPE @ Camp Victory

2023 Registration Form | Friday, June 2nd (8:00am – 3:30pm)

Camper Information:

First Name _____ Last Name _____

Address _____

City _____ Zip _____

Birth Date _____ Age _____ Male Female Non-Binary

Parent/Legal Guardian _____ Relation _____

Camper Family Attendee Information

Parent(s) First Name/Last Name _____

Address (If different from above) _____

Home Phone _____

Cell Phone _____

E-Mail _____

*** Does anyone in your family have any food allergies/special dietary needs, medical needs, or accommodations? If so, please specify here:

Emergency Contact Information

Please list two people other than the parent/guardian who can be contacted in case of an emergency.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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Medical & Behavioral Information

Family Doctor _____ Phone _____

List Current Health Conditions _____

List Any Allergies _____

List Medication(s) your child will take at camps

Behavioral concerns or needs

*Please provide any additional information about your children that could be important for camp staff

Image Release Authorization

I hereby authorize North Central Sight Services, Inc. and Camp Victory the use of my child's image, photograph, and/or voice for use in any publications, educational materials, or promotional materials.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Printed Name _____

List children's names _____

Date _____