

**TWIN LAKES 4-H CAMPER INFORMATION AND REGISTRATION - 2008**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Custodial Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Relationship to camper \_\_\_\_\_

Has this 4-H member attended twin Lakes 4-H Camp previously?  Yes  No  
If yes, number of years: \_\_\_\_\_

Is accommodation required for a disability?  Yes  No  
If yes, what is required: \_\_\_\_\_

**Adult Camp Chaperone Signature:** \_\_\_\_\_

May your child participate in all camp activities including swimming?  Yes  No

If No, which activities do you wish no participation. \_\_\_\_\_

In the event of medical emergency: Camp Coordinator will call 911 and then parent.

**TWIN LAKES 4-H CAMPER SWIMMERS INFORMATION - 2008**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

I grant permission for this youth to participate in swimming and waterfront activities.  
 Yes  No

**CAMPER RELEASE**

Name of person authorized to pick up camper. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_