Bee Healthy Boot Camp
Registration 2010

Participant Name____ M or F

Parent or Guardian Name____

Address of Participant____

Home Phone___________________Cell Phone______________________

Work Phone____________________ Email _________________________
(Reminders and updates will be sent by email)

Emergency Contact Name____

Emergency Contact Phone____

Medication or Food Allergies_____________________________________

Will your child need to take any medications during our camp hours? Y / N
If YES, Please list the meds below and time of administer.

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Age as of July 31__________ Date of Birth(participant)_____________

Free T-shirt size: YS YM YL AS AM AL AXL AXXL

Has your child attended Bee Healthy Boot Camp? Yes / No 1, 2 , 3, or 4 years?____

Are you willing to volunteer at Bee Healthy Boot Camp? Yes / No
Can your child ride a bike on their own? Yes / No
Does your child own a bicycle? Yes / No
Do you have a way to transport the bicycle if we plan a biking activity? Yes / No (If we choose this as an activity plenty of notice will be given.)
Optional-Extra T-Shirt purchase @$6 YS YM YL AS AM AL AXL AXXL (add $1)
Make checks payable to: Studio Bee

Do you wish to be added to the G.E.M. Ministries, Inc./Studio Bee mailing list. Yes/No