



BEE Healthy, BEE Green Camps

June 13 – July 13, 2017

PRINT:

PLEASE CIRCLE

Camper's Name _____

Female Male

Age _____ Camper's Date of Birth _____

BHBG 8-12 Jr. BHBG 5-7

Parent or Guardian Name _____

Address of Camper _____ City _____

Home Phone _____ Cell Phone _____ Work Phone _____

*Email _____

(*Reminders and updates will be sent to your email address.)

Emergency Contact Name _____

Emergency Contact Phone _____

Medication or Allergies _____

Will your child need to take any medications during our camp hours? Yes No

If YES, please list the medications, any needed instructions, and time to administer _____

T-shirt; please circle size: Youth: YS YM YL Adult: AS AM AL AXL A2XL

Has your child previously attended a Studio Bee camp? Yes No

Are you willing to volunteer at BEE Healthy, BEE Green Camp, if needed? Yes No

\$25.00 paid: ___ Cash ___ Check

Staff Initials _____

Please make checks payable to: Studio Bee Community Youth Center