

COA YOUTH & FAMILY CENTERS FAMILY CAMP REGISTRATION FORM CAMP HELEN BRACHMAN

Spring "Open-Up Camp" Weekend Family Camp Friday, May 5th – Sunday, May 7th, 2017

SECTION I: PARENT/GUARDIAN CAMPER INFORMATION

Parent/Guardian attending:				
	First Name	Last	Name	
Parent/Guardian attending:				
<u> </u>	First Name	Last	Name	
Address:				
Street		City	State	Zip
Home Phone:	Work phone:		Cell Phone:	
Email:		Occupation/Employe	er:	
Have you or your child attended	Camp Helen Brachman before	? Yes If yes,	please specify the year	No
Cabin mates request:				
CECTION II. FAMILY MEMO		This information is not		A 4
SECTION II: FAMILY MEMBI		_		A to receive much needed
support for our programs. Pleas	e neip us by illing in the appro	priate information to t	ne best or your ability.)	
Ethnicity: Please check all that n	nay apply for each family memb	per:		
Parent:/Guardian:				
African American/Black	🗆 Asian 🗆 Caucasian/White	□ Hispanic/Latino □	Middle Eastern Multi-rad	cial □ Native American □
Native Hawaiian/Pacific	c Islander Other (Please s	specify)		
Parent/Guardian:				
African American/Black		□ Hispanic/Latino □	Middle Eastern □ Multi-rad	cial □ Native American □
Native Hawaiian/Pacific	c Islander □ Other □ (Please s	specify)		
1st Child's Name:		Age:		
		•		
	c Islander □ Other □ (Please s			
2 nd Child's Name:		Age:		
Native Hawaiian/Pacific	c Islander Other (Please s	specify)		
3 rd Child's Name:				
		•		
	c Islander □ Other □ (Please s			
	x □ Asian □ Caucasian/White	•	Middle Eastern □ Multi-rad	cial □ Native American □
	c Islander □ Other □ (Please s	• • • •		
5 th Child's Name:		Age:		
			Middle Eastern □ Multi-rad	cial □ Native American □
	c Islander □ Other □ (Please s	,		
6th Child's Name:		Age:		
		-	Middle Eastern □ Multi-rad	cial □ Native American □
Native Hawaijan/Pacific	c Islander □ Other □ (Please s	specify)		

SECTION III: EMERGENCY	CONTACT						
Emergency contact:							
(other than listed above) Name		Relationship to Adult			Phone number		
2 nd Emergency contact:							
<u> </u>	Name	Relation	nship to Adult		Phone number		
SECTION IV: RELEASE							
if necessary. In the event of a and to order injections and/orI consent to my child's particip	n emergency, I give perm anesthesia and/or surger ation in all activities and t	cted by the Camp Director to order x-raission to the physician selected by the y for myself or my child(ren) named at trips that are a part of the COA camping	Camp Director to hos	spitalize, secure	proper treatment for,		
hereby permit COA to transport I give permission to COA to us	• • • •	of myself or my child(ren) in publicizing	a and promoting the	agonovic work			
 I understand that the camp pa 	rticipates in the USDA Fe elow certain federally dete	ederal food program under which it ma ermined levels. Camp complies with U	y receive reimbursem	ents for meals s			
Parent/Guardian's signature:		Date:					
SECTION V: FOOD & ACCOM	MODATIONS:						
	-	nodations? Yes No					
1. Name	e Age Food/Dietary Requirements or Restrictions						
2. Name Age Food/Dietary Requirements or Restrictions							
3. Name	Age	Age Food/Dietary Requirements or Restrictions					
4. Name	4. Name Age Food/Dietary Requirements or Restrictions						
5. Name	Age Food/Dietary Requirements or Restrictions						
6. Name	Age	Age Food/Dietary Requirements or Restrictions					
➢ Please let us know ahr	out any other allergies (or special needs:					
		•					
Please indicate how m	any adults & children w	vill attend each meal: Number	r of adults:	_ Numbe	er of children		
SECTION VI: TRANSPORTION will be provided. Families are w		us available for this trip. Families w np after 3:00 pm.	rill need to get thems	selves to and fi	rom camp. Direction		
Please indicate when (day & time) you plan to	arrive at Camp Helen Brachman _					
SECTION VII: AREA OF INTER	REST: Please indicate	the area(s) of interest you have for	r helping this weeke	nd:			
☐ Child Ca		☐ Gardening/Outdoor Work					
☐ Wood Splitting/Moving		☐ Kitchen Help	☐ Painting/Staining				
Does anyone in your family hav	e any special skills, exp	perience or knowledge in the trades	s such as plumbing,	carpentry, ele	 ctrical, etc?		
☐ Yes (Ple	ase list)	•	<u>`</u>	□ No			
·		n to the Family Center or mail COA Youth & Family Centers 909 E. North Avenue Milwaukee, WI 53212 TTENTION: Camp Registrar - C s or concerns, please feel free	HB	, 0	rar at:		
	Registrati	on Deadline: Friday, Apr	il 21 st 2017				
For Office Use Only							
Date application received:		Number of campers in this famil	у	Conf. Letter S	Sent		