



Camp Helen Brachman – Winter Camp | 2016

Registration Form

Return this form filled out completely with your payment for each child.

Child #1: _____ Birthdate: ____/____/____ Age on 1st day: ____
Current Grade in School: _____ Name of School: _____ Gender: M F

Child #2: _____ Birthdate: ____/____/____ Age on 1st day: ____
Current Grade in School: _____ Name of School: _____ Gender: M F

Child #3: _____ Birthdate: ____/____/____ Age on 1st day: ____
Current Grade in School: _____ Name of School: _____ Gender: M F

Name of Parent or Guardian [camper(s) live with]: _____

Address _____ City _____ State _____ Zip Code _____

Cell: _____ Work: _____ Home (if different): _____

Email Address: _____

The fee for winter camp is \$60. A \$20 commitment fee deposit is required for each child. Scholarships are available. Please mark the appropriate box below:

- I have enclosed the full fee of \$60 for each child listed above.
- I will need scholarship assistance; I have enclosed the \$20 commitment fee for each child along with my POI (proof of income: recent tax return filed or paystub.)
- I have enclosed the required \$20 commitment fee deposit for each of my children. I will pay the remaining balance by November 30th, 2016.
- I am a COA staff member; I would like to do payroll deduction.

Mail registration & health history form to:

CHB Camp Registrar
COA Youth & Family Centers
909 E. North Avenue
Milwaukee, WI 53212

For questions, call Leslie Woodruff, camp registrar, at: **(414) 290-7905**

Or Email:

chb@coa-yfc.org

The registration deadline is Nov. 30, 2016. Registration must be accompanied by a payment.



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Health History Form

Name of Parent/Guardian: _____

Cell: _____ Work: _____ Home (if different): _____

Emergency Contacts (if above cannot be reached):

1. Name _____ Relationship to Camper _____

Cell: _____ Home (if different): _____

2. Name _____ Relationship to Camper _____

Cell: _____ Home (if different): _____

Health Information for:

Child #1 Name: _____

Medications to be taken while at camp: _____

Dietary Restrictions: _____ Allergies, reaction and treatment: _____

Health Conditions: _____ Any Other Restrictions: _____

Please provide any additional information about this camper you feel the camp staff should know:

Health Information for:

Child #2 Name: _____

Medications to be taken while at camp: _____

Dietary Restrictions: _____ Allergies, reaction and treatment: _____

Health Conditions: _____ Any Other Restrictions: _____

Please provide any additional information about this camper you feel the camp staff should know:

Health Information for:

Child #3 Name: _____

Medications to be taken while at camp: _____

Dietary Restrictions: _____ Allergies, reaction and treatment: _____

Health Conditions: _____ Any Other Restrictions: _____

Please provide any additional information about this camper you feel the camp staff should know:

Permission/Authorization for ALL Campers Listed:

1) I give permission for my child(ren) listed above to participate in Winter Camp at Camp Helen Brachman. 2) In the event of an emergency, I give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injections, anesthesia and/or surgery for my child(ren) named above. 3) I also give permission for the camp health staff to administer over the counter medications as needed. 4) Additionally, I give my permission to COA to use photographs or video of my child(ren) in publicizing and promoting the agency's work.

Signature of Parent/Guardian: _____ **Date Signed:** _____