

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

Open-Up Camp Family Weekend Friday, April 27th – Sunday, April 29th, 2018

SECTION I: PARENT/GUARDIAN CAMPER INFORMATION

| Parent/Guardian attending: | | | | | | | |
|---|-------------------------|------------------------------|------------------------|-------------------|--|--|--|
| First Name | 9 | Last Nan | ne | | | | |
| Parent/Guardian attending: | | Last Nan | | | | | |
| | | Last Nan | ne | | | | |
| Address: | Ci | łv | State | Zip | | | |
| 0.000 | | , y | 0000 | μ | | | |
| Home Phone: | _ Work phone: | | Cell Phone: | | | | |
| Email: | Occupation/Employer: | | | | | | |
| Have you or your child attended Camp Hele | n Brachman before? | Yes 🗆 If yes, please s | pecify the year | No 🗆 | | | |
| Cabin request? Are yo | ou willing to bunk with | another family? Yes □ | | No 🗆 | | | |
| (Name of cabin/housing space) | 5 | , | (Names of other fa | amilies if known) | | | |
| SECTION II: FAMILY MEMBERS and E much needed support for our programs. Pl | ease help us by filling | in the appropriate info | | | | | |
| Ethnicity: Please check all that may apply for | or each family membe | r: | | | | | |
| Parent:/Guardian: | | | | | | | |
| African American/Black □ Asian □ | | | | | | | |
| Native American □ Native Hawaiia Parent:/Guardian: | an/Pacific Islander | Other (Please speci | ту) | | | | |
| African American/Black Asian | Caucasian/White | Hispanic/Latino D | liddle Eastern □ N | /ulti-racial □ | | | |
| Native American District Native Hawaiia | an/Pacific Islander 🗆 | Other (Please speci | fy) | | | | |
| 1 st Child's Name: | | Age: | | | | | |
| African American/Black Asian | Caucasian/White | | | ∕lulti-racial □ | | | |
| Native American <pre>D</pre> Native Hawaiia | an/Pacific Islander 🗆 | Other \Box (Please speci | fy) | | | | |
| 2 nd Child's Name: | | Age: | | | | | |
| African American/Black 🗆 Asian 🗆 | Caucasian/White | Hispanic/Latino D M | | | | | |
| Native American 🗆 Native Hawaiia | an/Pacific Islander | Other □ (Please speci | fy) | | | | |
| 3 rd Child's Name: | | Age: _ | | | | | |
| African American/Black Asian | Caucasian/White | Hispanic/Latino D | liddle Eastern D N | ∕lulti-racial □ | | | |
| Native American Native Hawaiia | an/Pacific Islander | Other (Please speci | fy) | | | | |
| 4th Child's Name: | | Age: _ | | | | | |
| African American/Black Asian | | | | | | | |
| Native American □ Native Hawaiia 5 th Child's Name: | an/Pacific Islander | · · | • / | | | | |
| African American/Black Asian | Caucasian/White □ | Age: _ Hispanic/Latino □M | liddle Eastern ⊓ N | /ulti-racial ⊓ | | | |
| Native American Native Hawaiia | | | | | | | |
| 6 th Child's Name: | | Age: _ | • / | | | | |
| African American/Black 🗆 Asian 🗆 | | | | ∕lulti-racial □ | | | |
| Native American Native Hawaiia | an/Pacific Islander 🗆 | Other (Please speci | fy) | | | | |

| SECTION III: EM | ERGENCY CONTACT | | | | | | | |
|---|--|---------------------------------------|---|---------------------------------|--|--|--|--|
| Emergency contact | | | | | | | | |
| (other than listed abo | ve) Name | Relationship to Adult | | | Phone number | | | |
| 2 nd Emergency con | tact [.] | | | | | | | |
| | Name Relationship to Adult | | | | Phone number | | | |
| SECTION IV: RELE | EASE | | | | | | | |
| I hereby give per if necessary. In t and to order inje | rmission to the medical person he event of an emergency, I gi ctions and/or anesthesia and/o | ve permission to or surgery for my | o the physician selected by the yself or my child(ren) named a | e Camp Director to hos bove. | treatment for myself or my child(ren), pitalize, secure proper treatment for, | | | |
| I consent to my child's participation in all activities and trips that are a part of the COA camping program and under the direction of COA staff, and I hereby permit COA to transport myself or my child(ren) as necessary. | | | | | | | | |
| • • | n to COA to use photographs o | . , | • | ng and promoting the a | gency's work. | | | |
| families whose in | | | | | ents for meals served to children from nibits discrimination because of race, | | | |
| Parent/Guardian's sig | nature: | | Date: | | | | | |
| SECTION V: FOOD | ACCOMMODATIONS: | | | | | | | |
| | family require special food | accommodatio | ons? Yes No | | | | | |
| 1. Name _ | | Age | _ Food/Dietary Requirements | or Restrictions | | | | |
| 2. Name _ | | Age | _ Food/Dietary Requirements or Restrictions | | | | | |
| | | | _ Food/Dietary Requirements or Restrictions | | | | | |
| | | | Food/Dietary Requirements or Restrictions | | | | | |
| | | | Food/Dietary Requirements or Restrictions | | | | | |
| | | | Food/Dietary Requirements or Restrictions | | | | | |
| | | - | | | | | | |
| Please let | us know about any other all | ergies or spec | | | | | | |
| Please ind | licate how many adults & ch | ildren will atter | nd each meal: Numbe | r of adults: | _ Number of children | | | |
| will be provided. Fa | NSPORTION: There will b milies are welcome to arrive licate when (day & time) you | e at camp after | 3:00 pm. | - | elves to and from camp. Directions | | | |
| SECTION VIII ARE | A OF INTEREST: Please in | ndicate the are | ea(s) of interest you have fo | r helping this weeker | nd. | | | |
| | Child Care | | rdening/Outdoor Work | General Cleaning | | | | |
| | □ Wood Splitting/Moving | | chen Help | □ Painting/Stainin | • | | | |
| Does anyone in you | ur family have any special sk | | | | • | | | |
| | ☐ Yes (Please list) | | | | | | | |
| | Return your | COA | registration form to the Youth & Family Centers | | t: | | | |
| Milwaukee, WI 53212 | | | | | | | | |
| | | ATTENT | ION: Camp Registrar - C | | | | | |
| Any further questions or concerns, please feel free to call 414-290-7905 | | | | | | | | |

Registration Deadline: Friday, April 13th 2018

For Office Use Only Date application received:

Number of campers in this family _____