

# 2011 Stony Glen Summer Programs Camper Information Sheet

Camper's First Name \_\_\_\_\_

Campers Last Name \_\_\_\_\_

Goes by \_\_\_\_\_ Session attending \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Email address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone #1 \_\_\_\_\_ Mobile # \_\_\_\_\_

Campers Height \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have any special needs that we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

T-shirt size      YS    YM    YL    AS    AM    AL    AXL

Does your child require a floatation device to swim? Life vest, floaties etc.? \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

In case of emergency please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Mobil # \_\_\_\_\_

Does your child take any medications?

\_\_\_\_\_  
\_\_\_\_\_

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**Please label ALL meds and give them to camp director  
ONLY**

Does your child have any learning disabilities or other medical condition that we need to be aware of?

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Does Stony Glen Camp director have permission to give your child Tylenol /Advil /Aspirin

Does your child have any allergies?

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**In case of emergency I hereby give Julie Holmquest or an agent of Stony Glen Stables authority to treat my child.**

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Parent or Guardian

Date

Parents Drivers License #

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Please provide a copy of your insurance information below: