

Parks and Recreation Department Camp Registration Form

Account Information – If you already have an ActiveNet account, skip down to the registration information section. You will need to present your valid ID card for registration.

Head of Household Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Spouse/Partner Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Address _____ City _____ State _____ Zip _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____ Email _____

Emergency _____ Primary Phone (____) _____ - _____
(Contact Person) First Last

Registration Information

Child #1 Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Any medical issues or allergies the recreation center should know about? _____

Please let staff know of any medications the participant will be taking while at camp. _____ Shirt Size _____

Child #2 Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Any medical problems the recreation center should know about? _____

Please let staff know of any medications the participant will be taking while at camp. _____ Shirt Size _____

Session 1 – June 5	Session 2 – June 12	Session 3 – June 19	Session 4 – June 26	Session 5 – July 3	Session 6 – July 10
Session 7 – July 17	Session 8 – July 24	Session 9 – July 31	Session 10 – Aug 7	Session 11 – Aug 14	

Authorized Pick-up (must be 18): List anyone besides parents, guardians and emergency contact that is on the top of this form.

Name1 _____ Phone _____ Name2 _____ Phone _____
 Name3 _____ Phone _____ Name4 _____ Phone _____

