

# Belle Meade Camp Enrollment

Name of camper(s) \_\_\_\_\_

age(s) \_\_\_\_\_ birth date(s) \_\_\_\_\_ entering grade(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ e-mail \_\_\_\_\_

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

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency name (1) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency name (2) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ policy # \_\_\_\_\_

Any serious illness, operation, injury? \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Family situation camp should know \_\_\_\_\_

Interests and hobbies \_\_\_\_\_

Swimming ability / experience \_\_\_\_\_

Session(s) desired: (I) June 5-16 (II) June 19-30

(III) July 3-14 (IV) July 17-28 (V) July 31-August 11