

Child(ren) Name: ______

Please return this completed form with your camp registration.

•	May camp staff assist with applying insect repellent?	☐ Yes	□No
•	If necessary, can staff provide insect repellent for your camper?	□Yes	□No
•	If necessary, can staff provide sunscreen for your camper?	□Yes	□No
•	May camp staff assist with re-applying sunscreen to your campers back, face, shoulders, if needed?	□ _{Yes}	□No
•	May be allowed to watch G rated movies?	□Yes	□No
•	May be allowed to watch PG rated movies?	□Yes	□No
•	Did you review the handbook with your child(ren)?	□Yes	□No

SIGNATURE OF PARENT/GUARDIAN

DATE