

Camp questions contact Coach Wilkerson at 252-425-1499 or email him at coachtodd87@yahoo.com



Registration Form

Name: _____ Date of Birth: _____
Parents/Guardians: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone (Mom): _____ Work Phone (Dad): _____
Email: _____
Camper's Current School and Grade: _____

Medical:

Name: _____ Date of Birth: _____
Family Doctor: _____ Office Phone: _____

Please note any health problem, physical handicap, emotional difficulty, behavioral problem, or facts which may limit full participation:

B. Camper is subject to any of the following:

asthma fainting sensitive skin sinus trouble

bee stings/insect bites bronchitis

nosebleed allergies (describe) Headaches Nausea Heat Sensitivity Other: _____

C. Camper wears contact lenses: Yes No

D. Medications: List any medications your child is currently taking.

Name of medication(s): _____

Purpose of Medication: _____

In case of emergency, I hereby give permission to the physician selected by the Coach to provide necessary treatment for my child.

Parent/Guardian signature: _____ Date: _____