## CAMP KOALA DAY CAMP APPLICATION



## **Camper Information:**

Child's Name:			Preferred/Nickname			
					•	
	Street/PO Box				State	ZIP
Age:	Grade:	Birthdate:	_//	🗆 Male	☐ Female Ra	ace
School Attend	ding:			School Cou	nselor:	
	lian Name:					
Relationship	to Child:		Phone Nun	nber: (	)	
Email: Child's T-shirt size: Youth Ad						
# of people in	household	Qualify for free	or reduced lu	ınch?	Child of a Vete	ran?
Name of pers	<u>History:</u> This will h on(s) who child los	st:	-			
Date(s) of Dea	ath://_	<u></u>	Relationship t	o Child:		
Did the child live with this person?   Yes   No Cause of Death?						
May we dispe	:V nse Acetaminopho , dietary restriction ld have any emotion	en (Tylenol) or II ns or physical lin	ouprofen (Adv nitations? Plea	ase list:		
To the best of the agents of nearest acute to attend Can process and to	on Agreement my knowledge, th Camp Koala to add care facility if nec np Koala. I underst p provide support	minister first aid essary. I hereby and that the goa for my child in e	to my child a give permissical of Camp Ko xpressing the	nd authorize on on for my chil ala is to help f ir feelings of g	emergency trar d, facilitate the be grief. I give perr	ereavement mission for
supervision. T news media. I to attend Cam agents, Staff, actions and ju all personal in	e photographed, vi his material may be n consideration of np Koala, I, for my Board of Directors dgments, which I di juries, either phys ained by my child	oe used for futur f the above-nam self and behalf o , Officers, Volun or my child ever ical or emotiona	e publicity of ed child being of my child, re teers, Executi had or now h al, known or u	Camp Koala ingranted perrollerse and discovered by the Director, find as or may have the beautiest of the beautiest	ncluding for use mission by Cam charge Camp Ko rom all claims, ve against Cam injury to prope	e by the p Koala, Inc., pala, Inc., its demands, p Koala for erty, real or
	·			_ Date/_		
Signature of P	arent/Legal Guard	lian		r		
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PLEASE RETURN THIS APPLICATION TO YOUR SCHOOL COUNSELOR OR VIA MAIL TO:

CAMP KOALA PO BOX 2106 Kingston, PA 18704 (717) 258-1122

Please visit our website, www.campkoala.org for more information or to contact us via email. Thanks.