

Calvin Center Registration Summer 2024



DATE: _____ Day Camp _____ Overnight Camp _____

Participants Name: _____ Age _____

Please answer the following questions and have this ready for participant drop off:

1. Has the camper, or anyone in their family, had any of the following symptoms in the past two weeks, even if they were mild?

Fever Cough Shortness of breath Diarrhea Upset stomach Fever over 100.4

Yes

No

2. Is the camper bringing any medicine (including inhalers or epi-pens) to camp? If so, what?

3. List everyone who has the authorization to pick up the camper?

((FOR STAFF USE ONLY))

Who dropped off the Participant? _____

Who picked up the Participant? _____ Signed Out _____

Any forms needed? Yes No

No electronics/weapons/food?

If yes, send to Office to finish form(s).