



Camper Application

Campers, siblings and parents will stay in different cabins divided by age and gender.

Camper Information: Please complete the section below with the information of the child attending camp.

Camper's Last Name: * _____

Camper's First Name: * _____ M.I. _____

Date of Birth: * Month: _____ Day: _____ Year: _____

Gender: _____

T-Shirt Size: _____

Address: * _____

City: _____ State: _____ Zip Code: _____

Hand Surgeon: * Dr. Dell Dr. Chidgey Dr. Wright Other

If other, please specify: _____

Camper's Diagnosis: * _____

Primary Phone: * _____ Secondary Phone: _____

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Email: * _____

Emergency Contact:

Name: * _____

Relationship to Camper: * _____

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Phone * _____

Family Information:

Because of space constraints in the camp facility, we ask that you limit the number of family members attending camp to five (5), including the camper.

1.) Last Name: _____

First Name: _____ M.I. _____

Relationship to Camper: _____

Gender:

Age at time of camp:

T-Shirt Size: _____

2.) Last Name: _____

First Name: _____ M.I. _____

Relationship to Camper: _____

Gender:

Age at time of camp:

T-Shirt Size: _____

3.) Last Name: _____

First Name: _____ M.I. _____

Relationship to Camper: _____

Gender:

Age at time of camp:

T-Shirt Size: _____

4.) Last Name: _____

First Name: _____ M.I. _____

Relationship to Camper: _____

Gender:

Age at time of camp:

T-Shirt Size: _____

Camp History:

Have you previously attended Hand Camp? * Yes No

If this is your first time applying, how did you hear about Hand Camp?

Hand Surgeon or Therapist's Office

Internet

Friend or Neighbor

Other

If Other, please specify: _____

Please indicate the following, if applicable:

Family Pals will be assigned to families with children under the age of 6 years old.

Family Pal request(s): _____

*Please note that these requests are not guarantees. However, we will accommodate you to the best of our ability.

*If a member of your family would like to volunteer at camp, please complete an additional volunteer application available at http://www.handstolove.org/registration_vol.html.

*All camp applications must be received by December 31 for consideration. The completion of this form does not guarantee participation in Hand Camp.

*Camp Crystal Lake is a drug and alcohol free environment.