

1. CHOOSE A CAMP: _____**2. CAMPERS, AND PRIMARY CONTACT INFORMATION****Name of Student:** _____

Date of Birth: _____ Age (at the time of Camp): _____

Name of School: _____ Grade: _____

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

 Home Phone: _____ - _____ - _____ **Cell Phone:** _____ - _____ - _____**Email address you check frequently:** _____What is the race/ethnicity of you/your camper? * Asian Black Hispanic White Prefer not to say (**Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- Please respond if you feel comfortable.*)**3. EMERGENCY CONTACT:** (Please provide one additional person, different from the parent/guardian)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext. _____

4. SAFETY INFORMATION: Does your camper have any medical conditions, allergies, or special needs the staff should know about. (Please list all known conditions so we can accommodate your camper's needs)

Please attach your check here and,
Make your check(s) payable to : UAB