



Parents: complete ALL sections; incomplete applications will be returned!!

GENERAL INFORMATION

Applicant's Name: _____
First MI Last

Prefers to be called: _____ Date of Birth: _____ Female _____ Male _____

Name of school: _____ Grade: _____

Name of Parent/Guardian 1: _____
First MI Last

Address: _____
Street/PO Box City State Zip

Home phone: (____) _____ Cell: (____) _____ Email: _____

Name of Parent/Guardian 2: _____
First MI Last

Address: _____
Street/PO Box City State Zip

Home phone: (____) _____ Cell: (____) _____ Email: _____

Are parents living together? _____ Yes _____ No

Are there any custody or visitation restrictions? Yes No

If Yes, describe: _____

EMERGENCY CONTACT: (someone other than parents, this section MUST be filled out):

Name: _____ Relationship to camper: _____

Home phone: (____) _____ Cell phone: (____) _____

Adults (other than parents) authorized to take child to and from camp:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Relationship _____ Phone: _____

2. Name _____ Relationship _____ Phone: _____

Adults NOT authorized to take child to and from events (if applicable):

1. Name _____ Relationship _____ Phone: _____

2. Name _____ Relationship _____ Phone: _____

T-shirt size: (Y=youth, A=Adult, please circle one)

YS YM YL YXL AS AM AL AXL AXXL

Preferred name on T shirt (if different from above): _____

Is there anything else we should know about your child?

I understand that, if any information I/we have provided (in any of the application forms) is found to be inaccurate, it may eliminate the opportunity for participation in camp.

I give permission to appropriate **Follow Your Heart Camp** staff to discuss pertinent health information provided on any of the application forms (including medical forms) with any of my child's doctors, health care providers, school staff or other parties that is necessary to define my child's readiness for, and success at camp. This may include discussion or disclosure of sensitive health information related to HIV, STD, genetic & / or behavioral health.

Camper Name: _____

Parent/Guardian's Name: (print) _____

Parent/Guardian's Signature: _____ Date: _____



Hasbro Children's Hospital

The Pediatric Division of Rhode Island Hospital

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