

Wanderers Registration Form

Use one form per camper. Send completed form along with full camp tuition to:

Wanderers
C/O Kurt Gantert
3766 21st St.
San Francisco, CA 94114

General Information

1st Choice Camp (please write camp name and date)_____

2nd Choice Camp (please write camp name and date)_____

3rd Choice Camp (please write camp name and date)_____

Camper Name_____ Gender: M F

Birthdate_____ Age(when child starts camp)_____ Grade in fall of 2010_____

School Name_____

Parent/Guardian Name_____

Address_____

City_____ Zip Code_____

Preferred Phone_____ Alternate Phone_____

Email Address_____

T-Shirt Size (circle) *Youth* XS S M L *Adult* S M L XL 2XL

How did you hear about Wanderers? _____

****For Marin Day Hiker Camp Only****

Lunch Preference Menu (Please choose Turkey, Ham, PB & J, Tuna, Salami, or Cheese for each day)

Monday_____ Tuesday _____

Wednesday_____ Thursday_____

Friday_____

Medical Information

Camper Name _____

Physician/Health Care Facility _____ Phone _____

Insurance Company _____

Insured's Name _____ Policy No. _____

Check if applicable; list duration, treatment method, and/or restrictions.

Conditions

- Diabetes
- Asthma
- Heart Trouble
- Bleeding/clotting disorders
- Other _____

Explanation _____

Allergies Description & Reaction

- Bee stings
- Medications
- Food or drink
- Other _____

Explanation _____

Date of last tetanus booster _____

Date of last TB shot _____

Medication (over the counter and/or prescription):

Emotional, behavioral, or learning disabilities:

If your child is in the care of a social worker, psychologist, behavior therapist, etc. please explain.

If a parent or guardian cannot be reached and the situation warrants it, initial by each medication that you authorize a trained Wanderers staff member to give to your child:

___Antihistamine (eg, liquid Benadryl)___ Antibiotic Ointment (eg, Neosporin)

___Snake bite___Anti-diarrheal (eg Immodium AD)___Calamine or Tech-Nu

___Over-the-counter analgesic (eg Ibuprofin, Acetaminophen)

Emergency Contact/Pick-up Authorization

Name_____ Relationship_____

Hm Phone _____Wk Phone _____ Cell _____

Name_____ Relationship_____

Hm Phone _____Wk Phone _____ Cell _____

Name_____ Relationship_____

Hm Phone _____Wk Phone _____ Cell _____