



2010 Camp Como Youth Registration

To be completed in full for **each participant** by parent/guardian.

Event registering for: _____

Date of Event: _____

Camper Name: _____

D.O.B. ___/___/___ Male Female

Grade entering (fall '10): _____ T-shirt size _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____)_____

Parent attending(Tenderfoot Camp Only) _____

Church you attend _____

Church are you registering with _____

Father/Guardian Name _____

Address(if different from camper) _____

Phone:(____)_____

Father's Employer: _____ Work Phone:(____)_____

Email address: _____

Mother/Guardian Name _____

Address(if different from camper) _____

Phone:(____)_____

Mother's Employer: _____ Work Phone:(____)_____

Email address: _____

Emergency Contact(other than Parent) _____

Phone(____)_____

Bunkmate Request: _____

Insurance Information:

Insurance **subscriber's** name: _____ Family's insurance carrier _____

D.O.B. ___/___/___ S.S. #: _____ Policy# _____

Insurance Billing Address & Phone (on insurance card): _____

Name of work (if insurance is through work): _____

Doctor's Name _____ Phone(____)_____

Health History: (Parent/Guardian to complete) USE THE BACK OF THIS PAGE IF MORE SPACE IS NEEDED

List food or medication allergies/special dietary needs: _____

List communicable diseases, serious illnesses or surgeries with dates: _____

List any prescriptive or nonprescriptive medication which camper **MUST TAKE REGULARLY:** _____

Medication (**Dosage, Frequency, Reason Taking, Physician**) _____

Describe any special physical or emotional needs: _____

Date of last tetanus shot: _____

ALL FORMS, including: **registration, release form, physical, updated immunization record from your Dr.,** MUST be turned in to Camp Como fourteen days prior to camp start date.

Mail form and \$50 minimum deposit to: Camp Como, PO Box 36, Como, CO 80432

DISCOUNT: Get the *Early Bird Discount Rate* when you pre-register **and** pay in full. Payment must be postmarked no later than 14 days prior to your event starting date.

DEPOSIT: To save your spot, pre-register and send a deposit of \$50.00. The balance of the full price is due upon arrival.

FOR OFFICE USE ONLY

NOTE: We accept registrations first come/first served. You will be notified if your registration is not accepted. Please make your check out to Camp Como.

Childcare services play an important role in supporting families, and strong families are the basis of a thriving community and nation. For additional information regarding licensing, or if you have concerns about a child care facility, please consult the Colorado Division of Child Care at 1575 Sherman Street, Denver, Colorado 80203-1714 or call 303-866-5958. To review a file for a licensed childcare facility, call 303-866-5088.

Early Bird Payment Information

Early Bird Fee (**Total** fee received 14 days early)
\$ _____ Received ___/___/___ Ck# _____ Initials _____

Regular Payment Information

Regular camper fee payment received \$ _____
Date Received _____ Check# _____ Initials _____
Balance Due \$ _____