

Name, Program/Session \_\_\_\_\_  
Gender, Birthday \_\_\_\_\_  
Age, Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Parent/Guardian 1 Name \_\_\_\_\_  
P/G 1 Work Phone \_\_\_\_\_  
P/G2 Cell Phone \_\_\_\_\_  
Parent/Guardian 2 Name \_\_\_\_\_  
P/G 2 Work Phone \_\_\_\_\_  
P/G2 Cell Phone \_\_\_\_\_

MERROWVISTA 2011  
CAMPER INFORMATION  
TO BE FILLED OUT BY PARENT/GUARDIAN

Phone number where you can be reached in an emergency  
(if other than listed numbers): (    ) \_\_\_\_\_

ARE PARENTS/GUARDIANS: Married/Domestic Partnership  Separated/Divorced  Single

If Separated/Divorced: Who has custody of the camper? \_\_\_\_\_  
Name(s) of stepparent(s) \_\_\_\_\_

If you will be away during the camp session please list dates: \_\_\_\_\_  
Parent/Guardian contact information during this time \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT** Person other than parent/guardian to be notified when parent not available:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

**AYF POLICY ON RELEASE OF PARTICIPANTS**

It is the policy of the AYF and state law to release a camper only to those who have been previously approved in writing.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Please list any individual who is legally denied access to your child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Number of other siblings living in your household: Sisters: \_\_\_\_\_ Brothers: \_\_\_\_\_  
Names and ages of siblings: \_\_\_\_\_  
\_\_\_\_\_

Names (and relation) of other adults living in your household: \_\_\_\_\_

T-Shirt Size: Youth: S  M  L  Adult: S  M

Does your child have difficulty separating from you in new situations? Yes  No   
If yes, what strategies have you found to be effective in entering new situations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of camper's school: \_\_\_\_\_  
Please comment on camper's school experience: \_\_\_\_\_  
\_\_\_\_\_

Please complete and mail all forms no later than July 1, 2011 to:  
AYF—Merrowvista, Registrar, 147 Canaan Rd, Ctr Tuftonboro NH 03816

Name \_\_\_\_\_  
Program/Session \_\_\_\_\_  
City, State \_\_\_\_\_

Does the camper make friends: easily  fairly easily  with difficulty

Is the camper afraid of any of the following? Animals  Water  Lightning  Thunder

Other fears \_\_\_\_\_

Does your child have special dietary needs or food allergies: no meat  no dairy  Peanuts

Wheat/Gluten  Tree Nuts  Epi-pen required? Yes  No

Other  Please Explain: \_\_\_\_\_

Is it the camper's choice to attend camp: Yes  No

What is the camper's swimming ability: Excellent  Good  Fair  Non-swimmer

Highest American Red Cross certificate earned \_\_\_\_\_

Will you be joining us for the closing dinner on July 22th? Yes  No

If 'Yes' how many people will be attending? \_\_\_\_\_

\*See Packet for closing day information.

Additional Information. Is there any additional information to help us set your child up for success (e.g. is he/she anxious about coming to camp, trying new things, gets frustrated easily.) What helps him/her be successful?

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