

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 2012  
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: \_\_\_\_\_

Emergency Contact 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.

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

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

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: \_\_\_\_\_

Please complete and mail all forms no later than April 15, 2012 to:  
AYF—Merrowvista, Registrar, 147 Canaan Rd, Ctr Tuftonboro NH 03816

Name \_\_\_\_\_

# CAMPER INFORMATION

Program/Session \_\_\_\_\_

City, State \_\_\_\_\_

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

Name of camper's school: \_\_\_\_\_

Please comment on camper's school experience:

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Please describe your camper's life in the past 2 years (summer experiences, accomplishments, major events such as divorce, death of relative or friend, loss of a pet, new school, etc) :

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Does the camper make friends: easily  fairly easily  with difficulty

Has the camper ever been away from home without his/her parents? Yes  No

Approximate number of times and length of stays \_\_\_\_\_

Is the camper afraid of any of the following? The Dark  Animals  Water

Lightning  Thunder  Other fears \_\_\_\_\_

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

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

## OPTIONAL OR REQUIRED SWIM LESSONS (Pioneer, Trailblazer, Discoverer only)

Red Cross Swim Lessons are offered and encouraged, but are not required. Would you like your child to take part in swim lessons while at Merrowvista:

Yes  No  Yes, but my child may opt out of swim lessons if he/she chooses

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Name \_\_\_\_\_

# CAMPER INFORMATION

Program/Session \_\_\_\_\_

City, State \_\_\_\_\_

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

Describe the camper's attitude about coming to camp:

\_\_\_\_\_  
\_\_\_\_\_

What do you hope your camper gains from experiences at camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your camper's bed time routine. Does your camper have difficulty falling asleep?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child like to do during their free time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share with us any religious or spiritual traditions that your family observes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use this space to provide us with any additional information that will help us create a successful experience for your child? (e.g.. anxiety about camp, tips for when they struggle, how easily do they try new things, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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