

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 2010
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: L Adult: S M L XL

Name of camper's school: _____ Please comment on camper's school experience:

Does the camper make friends: easily fairly easily with difficulty

Please complete and mail all forms no later than April 10, 2010 to:
AYF—Merrowvista, Registrar, 147 Canaan Rd, Ctr Tuftonboro NH 03816

Name _____
Program/Session _____
City, State _____

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) :

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 _____

Has their been changes in your child's health history since registration (including new allergies, any time spent hospitalized, special services at school, new medications, or other pertinent changes) Yes No

Please explain _____

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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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 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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