



## Camp Ex<sup>3</sup>STREAM Registration Form

First name \_\_\_\_\_

Last name \_\_\_\_\_

Gender

Male

Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Campers' Group**

Explorers ages (7-8) \_\_\_\_\_

Experts ages (9-10) \_\_\_\_\_

Exemplar ages (11-12) \_\_\_\_\_

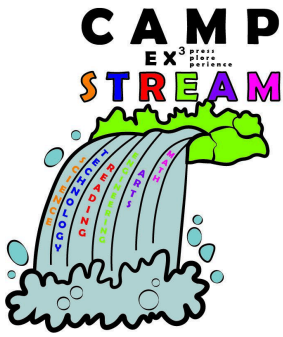
Camper T-shirt size

S

M

L

XL



## Medical Information

**Does this camper have any known allergies including asthma?**

**Is this camper currently under medication?**



## Contact Information in Case of Emergency

**Name**

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Relation to Camper** \_\_\_\_\_

**Name**

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Relation to Camper** \_\_\_\_\_