

## ANTHRACITE COMBAT CLUB SUMMER CAMP REGISTRATION FORM

|                                |           |   |                 |
|--------------------------------|-----------|---|-----------------|
| Today's date:                  |           |   |                 |
| <b>STUDENT INFORMATION</b>     |           |   |                 |
| Last name:                     |           | First:  | Middle:         |
| Birth date:                    | Age:      | Gender:   |                 |
| / /                            |           | <input type="checkbox"/> M <input type="checkbox"/> F |                 |
| Street address:                |           | Cell phone # for text messages.:                      |                 |
| City:                          |           | State:  |                 |
| Zip Code:                      |           |   |                 |
| Email:                         |           |   |                 |
| Mother's Name:                 |           | Father's Name:  |                 |
| Mother's Phone: (    )         |           | Father's Phone: (    )                                |                 |
| <b>IN CASE OF EMERGENCY</b>    |           |   |                 |
| Name (please list 2)           |           | Relationship to student:                              | Home phone no.: |
|                                |           |   | Cell phone no.: |
|                                |           |   |                 |
| <b>ADDITIONAL INFORMATION</b>  |           |   |                 |
| Physician Contact Information: |           |   |                 |
| Name:                          |           |   |                 |
| Phone:                         |           |   |                 |
| Insurance Company:             | Policy #: | Group#:   |                 |
| Hospital Preference:           |           |   |                 |

Does the student have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?

Please provide information on any medication being taken, chronic physical problems, pertinent developmental information, and any special accommodations needed. Attach additional sheets if necessary.

Is there anything else we should know about the student?