



# Camp 2019 Registration



**MUST Complete ALL blanks - Use N/A if needed**

Name for Certificate: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ NickName: \_\_\_\_\_ School: \_\_\_\_\_, Grade: \_\_\_\_\_

.....  
Guardians: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phones: \_\_\_\_\_ Email: \_\_\_\_\_

.....  
**EMERGENCY CONTACT (other than Guardian):** \_\_\_\_\_

Relationship: \_\_\_\_\_, Phone: \_\_\_\_\_ Email: \_\_\_\_\_

.....  
Allergies (Medications, foods, bee stings, etc.): (Please Explain) \_\_\_\_\_

\_\_\_\_\_  
**\*\* EYE CONDITION:** \_\_\_\_\_

Is it permissible to give your child children's/adult Tylenol: **(Circle ONE) YES NO**

Will Your Child be Wearing: **(Circle All That Apply) GLASSES CONTACTS HEARING AID**

Special Diet: (Please Explain) \_\_\_\_\_

\_\_\_\_\_  
Special Accommodations: (Please Explain) \_\_\_\_\_

Does your child travel: **(Circle ONE) Independently With Sighted Guide With White Cane**

Parent or Legal Guardian Name: (PRINT) \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Registration, Medical Form and Waiver to:  
Sea and Sun Camp, Inc. \* P.O. Box 182 \* Biloxi \* Mississippi \* 39533  
Questions? E-Mail: [seaandsuncamp@cablone.net](mailto:seaandsuncamp@cablone.net)