



STUDENT/GUARDIAN INFORMATION

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ **Telephone No.:** _____

Address: _____
Street/P.O. Box City State ZIP

Known Student Allergies: _____

Current Student Medical Condition(s): _____

Required Additional Emergency Contacts (list at least two other individuals in addition to parent/guardian):

Name: _____ **Telephone No.:** _____ **Relationship:** _____

Name: _____ **Telephone No.:** _____ **Relationship:** _____

Name: _____ **Telephone No.:** _____ **Relationship:** _____

CAMP DAY PREFERENCE

Because of programming duplication among the days, students are only allowed to attend on camp day.

High School Students (Entering 9th-12th grades)

June 15

July 10

Middle School Students (Entering 6th-8th grades)

June 27

July 17

Student Signature

Date (MM/DD/YY)

Parent/Guardian Signature

Date (MM/DD/YY)

Please submit the application to healthsciences@cf.edu.

Office use only.

Received by: _____

Date Received: _____
MM/DD/YY