



## Camper Application

Please complete and return this form as soon as possible to the address below. Please print carefully.

Date: \_\_\_\_\_ Circle one: Girls Camp Boys Camp

*We want to make your camp experience fun and memorable -- tell us about yourself!*

What is your full name? \_\_\_\_\_

What is your nickname? \_\_\_\_\_

How old are you? \_\_\_\_\_ Birthdate: \_\_\_\_\_ Your grade in September? \_\_\_\_\_

What school do you attend? \_\_\_\_\_ City school is in? \_\_\_\_\_

What do you most like to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been to a camp before?  Yes  No

If yes, what was your favorite activity? \_\_\_\_\_

What do you want your big buddies to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What questions do you have about Camp Victory? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like some one to call you or your family to answer questions? \_\_\_\_\_



## Parent/Guardian Information Form

Thank you for enrolling your child to attend Camp Victory. For information or assistance, please call the Camp Victory office at (360) 665-2888 or 360-532-7877 and leave a message or you may contact us by email at [coordinator@campvictoryforchildren.org](mailto:coordinator@campvictoryforchildren.org)

Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contacts (not listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have a case worker?  Yes  No

If yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person who will meet your child at the bus when camp is over:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs we should know about?  Yes  No

If yes, please explain: \_\_\_\_\_

Would you like to receive information about counseling for your child provided by Camp Victory?

Yes  No If yes, how may we contact you?  Email  Phone Call  Mail information

I give my permission for \_\_\_\_\_ (name of child) to attend Camp Victory. I have completed the Health & Emergency Form and understand that every effort will be made to contact me, or my emergency contact, should an emergency situation arise.

Signature: \_\_\_\_\_

Return completed form to: Camp Victory, PO Box 711, Ocean Park WA 98640