

Ambassador Camp - Registration Form

Address until June 10th: Ambassador Camp
119 W. Lewis Street
Whiteville, NC 28472
(910) 642-2853

After June 10: Ambassador Camp
P.O. Box 200
Lake Waccamaw, NC 28450
(910) 646-3909

Camper _____ Age _____ Boy Girl

St./Rt./Box _____ City _____

State _____ Zip _____ Birthdate ____/____/____

Grade Completed _____ Church _____

Parents _____ Phone (____) ____-____

Week you wish to attend _____
(1st choice) (2nd choice)

Registration fee **MUST** accompany this form; the balance is payable upon arrival to camp.
Make checks payable to Ambassador Camp.

PARENTS: This questionnaire must be completed and signed before a camper is accepted.

1. Is your child taking any kind of medication? Yes No What kind? _____

2. Is your child allergic to any medication? Yes No Specify _____

3. Does your child have any problem that we should be aware of in order to help him or her adjust to camp life?

Explain: _____

4. Do you give permission for medical treatment as may be prescribed by a physician in case of emergency?
Yes No

5. Do you give permission for participation in swimming? _____ Canoeing? _____ Water skiing? _____

6. Please give the date of camper's last tetanus injection or booster: _____

7. Camper's swimming level: Non-swimmer Beginner Average Above average

8. Have you read the Camp folder carefully? Yes No Please keep it for later information as needed.

Signature _____ Date _____