

FutureFit Fun Summer Camp Registration



Camper Information:

Camper Name: _____ DOB: _____

Sex: _____

Camper T-shirt size: _____ Number of t-shirts you wish to order (first one is free): _____

Camper Swimming Ability: Non-Swimmer Beginner Advanced

Parent/Guardian Information:

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Secondary Contact Information: _____

Relationship to Camper: _____ Number: _____

Health Related Information:

Type of Diabetes:

- Type 1
- Type 2
- Prediabetes/Risk for Diabetes

Does your camper take medications? Please list all medications, dosage, and frequency.

Does your camper have any allergies? Please list.

Does your camper have any other medical conditions? Please list.

If yes, do these conditions require medications. Please list all medications, dosage, and frequency.

Camper's Blood Type: _____