

CAMPER PERSONAL PROFILE

In an effort to provide our campers and parents a more individualized camp experience and an environment in which your child can thrive, we ask you to please take the time to complete and return this form by May 15th. The information you provide will be held in the strictest confidence and shall serve as a guide and reference for your child's counselor.

Child's Name _____ Date of Birth _____

Nickname _____ Male ___ Female ___ Grade Entering _____

Parent's Marital Status: Married ___ Separated ___ Divorced ___ Parent Deceased _____

Activity restrictions (if any): _____

Child's Hobbies and/or Interests: _____

Sports Preferences / Favorite Camp Activities: _____

Child's Concerns Regarding Camp (if any): _____

Child's Swimming Ability: _____

Special Swimming Instructions: _____

Chronic or Recurring Injuries: _____

Special Developmental Needs: _____

Allergies: _____

Special Dietary Restrictions: _____

Parent Goals for Camp Experience: _____

Additional Comments / Concerns: _____

This Form Completed By: _____

Counselor's Signature After Reading: _____