

Jersey Productions
CAMP JERSEY

2010 SUMMER INTENSIVE REGISTRATION FORM
(Please print clearly)

STUDENT NAME _____

DATE OF BIRTH _____ AGE _____ GENDER _____

GRADE (09/10 SCHOOL YEAR) _____ T-SHIRT SIZE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME _____ WORK# _____ CELL# _____

FATHER'S NAME _____ WORK# _____ CELL# _____

EMAIL ADDRESS _____

EMERGENCY CONTACT (IF PARENTS NOT AVAILABLE):

NAME _____ RELATION TO STUDENT _____

WORK# _____ CELL# _____

MEDICAL INFORMATION:

CAMPER'S PHYSICIAN _____ PHYSICIAN'S# _____

ALLERGIES / MEDICAL CONCERNS: YES ___ NO ___

(IF "YES" PLEASE DESCRIBE) _____

HOW DID YOU HEAR ABOUT CAMP JERSEY INTENSIVE? _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please send this registration form and tuition to:

Jersey Productions CAMP JERSEY PO Box 121227 Covington, KY 41012