

2021 Camp TAG – Virtual Enrollment Application



Camper Information	Camper #1	Camper #2	Camper #3
First & Last Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth			
List Food Allergies or if your child is a sibling			
List other conditions such as EoE, Celiac Disease, FPIES, or Asthma			
Which Camp TAG location have you attended in the past? Mark "New" if you are new to Camp TAG.			
Shirt Size	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL

General Information		General Information	
Mother's Full Name (Mrs./Dr.)		Father's Full Name (Mr./Dr.) and/or Partner's Full Name	
Mother's Home Phone		Father's Home Phone	
Mother's Work Phone		Father's Work Phone	
Mother's Cellular Phone		Father's Cellular Phone	
Mother's E-Mail		Father's E-Mail	
Mother's Address		Father's Address	
City		City	
State and Zip Code		State and Zip Code	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Spouse Deceased	Custodial Parent	<input type="checkbox"/> Mother <input type="checkbox"/> Father

Terms of Enrollment Agreement

1. Campers and parents agree to abide by rules and regulations set by Directors for health, safety and welfare of campers.
2. Directors reserve the right to deny, cancel, sever, or suspend a child's enrollment if deemed for the best interest of the camper or the camp, in which case the unused camp fee will be refunded.
3. The camp fee must be paid in full upon registration. No reduction or allowance will be made for late arrival or early withdrawal of a camper. No allowance will be made for any interruption in the camp week due to illness, family vacation, etc. There is a \$25.00 fee for returned checks.
4. Parent's signature further gives camper permission to participate in all virtual camp activities.
5. Parent's signature further gives camp permission to use camper's likeness or image in camp publications including but not limited to brochures, marketing materials, DVDs, our website and social media pages.

X Parent or Guardian's Signature: _____

Payment Method

Please pay for your Camp TAG Registration via [PayPal on FAACT's "Donate" Page](#). Click "Other" then enter your total payment for registration, and then click the "Donate Now" button to complete registration:

- 1st Camper - \$230 3rd Camper - \$230
 2nd Camper - \$230 Total - \$ _____

**Please Email Application to Eleanor.Garrow@FoodAllergyAwareness.org or
Fax to FAACT at (513) 342-1239 Date Received: _____**