

**2021 Camp TAG Winter  
Virtual Enrollment  
Teen Application**



**AWARENESS • ADVOCACY • EDUCATION**

Camper Information	Teen #1	Teen #2	Teen #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			
Teen Email			
Teen Cell Number			
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.			
<b>Shirt Size</b>	<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 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"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father

**Terms of Enrollment Agreement**

1. Teens 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 teen's enrollment if deemed for the best interest of the teen or the camp, in which case the unused camp fee will be refunded.
3. The teen fee must be paid in full upon registration. No reduction or allowance will be made for late arrival or early withdrawal of a teen. 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 teen permission to participate in all virtual camp activities, 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
<input type="checkbox"/> Please pay for your Camp TAG Teen Fee via <a href="#">PayPal on FAACT's "Donate" Page</a> , which covers the <b>cost for their t-shirt, education materials, other goodies, and shipping</b> . Click "Other" then enter your total payment for registration, and then click the "Donate Now" button to complete registration:
<input type="checkbox"/> 1 <sup>st</sup> Teen - \$50 <input type="checkbox"/> 2 <sup>nd</sup> Teen - \$50 <input type="checkbox"/> 3 <sup>rd</sup> Teen - \$50    Total - \$ _____

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