



Camper Information	Camper #1	Camper #2	Camper #3
First & Last Name			
Gender Identification	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)
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 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
Parent/Caregiver #1 Full Name	Parent/Caregiver #2 Full Name
Relationship to Camper	Relationship to Camper
Cell Phone	Cell Phone
Home Phone	Home Phone
Work Phone	Work Phone
E-Mail	E-Mail
Address	Address
City	City
State and Zip Code	State and Zip Code

**Terms of Enrollment Agreement**

1. Campers and parents/caregivers 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. **Payments are refundable prior to June 24<sup>th</sup>.** After June 24<sup>th</sup>, the deposit will be refunded less \$25. There is a \$25.00 fee for returned checks.
4. Parent/Caregiver signature further gives camper permission to participate in all virtual camp activities.
5. Parent/Caregiver 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/Caregiver 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:

1<sup>st</sup> Camper - \$125     2<sup>nd</sup> Camper - \$125     3<sup>rd</sup> Camper - \$125    Total - \$\_\_\_\_\_