

CAMP RED SUNRISE CAMPER REGISTRATION FORM

Chapter, National Hemophilia Foundation Idaho

Return Registration to:
Idaho Chapter, National Hemophilia Foundation
4696 W Overland Rd Boise ID 83705



Date: _____

In order for your family to attend Camp Red Sunrise all information on this form must be completed and signed by a parent/legal guardian. If anyone's condition changes after you submit this form, please send a note to the Hemophilia Treatment Center. Failure to do so will prevent camp attendance.

PARENTS OR LEGAL GUARDIANS:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

CONTACT INFORMATION:

Address: _____

Phone: _____

Email: _____

Family members who will be at camp:

Full Name: _____ Age: ____ DOB: _____ Gender: ____ T-shirt Size ____

Full Name: _____ Age: ____ DOB: _____ Gender: ____ T-shirt Size ____

Full Name: _____ Age: ____ DOB: _____ Gender: ____ T-shirt Size ____

Full Name: _____ Age: ____ DOB: _____ Gender: ____ T-shirt Size ____

Full Name: _____ Age: ____ DOB: _____ Gender: ____ T-shirt Size ____

Full Name: _____ Age: ____ DOB: _____ Gender: ____ T-shirt Size ____

EMERGENCY CONTACT INFORMATION:

First Contact Name: _____ Relationship to Family: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second Contact Name: _____ Relationship to Family: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

DIETARY INFORMATION:

Dietary information will be shared with camp staff and the camp nurse to facilitate planning for camp and to help make your experience at camp enjoyable. Note, that you will still need to monitor your family's own dietary allergies and restrictions while at camp. Any concerns should be taken to the camp co-directors or the camp nurse.

Food allergies: [List the name of the individual and the allergy.]

Dietary Restrictions: [List the name of the individual and the restriction.]
