



Camp Lakota 2017 Rookie Day Sign up Form

July 29, 2017

Please Fax to 845-402-7440 or email back to info@camplakota.com

Camper First name: _____ Last Name: _____ Gender: _____

Date of Birth: _____ Current School Grade: _____ T-Shirt Size: _____

Home Address: _____

Home/Cell Phone: _____

Mother's Name: _____ Mother's Email address: _____

Father's Name: _____ Father's Email Address: _____

In case of an emergency and parents can't be contacted Name: _____ # _____

Allergies/Medical issues/Dietary Restrictions:

Health Insurance provider: _____

Siblings in Camp: _____

Will you be attending the Tour at 230pm? Y N If Yes, How many:

Will you be attending our BBQ Dinner (515pm) on Rookie day: Y N If Yes how many:

Camp Lakota is not responsible for clothing, equipment, jewelry or any other personal items lost or damaged. If it becomes necessary to use outside medical or surgical aid for the camper's health, the camp will not be responsible for any medical expenses.

Parent Signature:

Date: