



STUDENT REGISTRATION - SUMMER CAMP 2016

(please print)

STUDENT INFORMATION

Full Name (First, Last):

Student Birthdate:

Student Gender

Student Ethnicity (Optional)

Please describe any food allergies or medical conditions ACA should be aware of:

PARENT INFORMATION

Full Name:

Address (Street)

Address (City / ST / Zip)

Primary Contact Phone #:

Alternate Contact Phone #:

Primary Email Address:

Relationship to Student:

Yes, please sign me up for the ACA email list.

I am interested in becoming an ACA sponsor.

EMERGENCY CONTACT #1

Full Name:

Primary Contact Phone #:

Alternate Contact Phone #:

EMERGENCY CONTACT #2

Full Name:

Primary Contact Phone #:

Alternate Contact Phone #:

EMERGENCY CONTACT #3

Full Name:

Primary Contact Phone #:

Alternate Contact Phone #: