



Mother's Helpers Youth Camp Registration Form

Child's Name: _____

Address: _____

Home Telephone: _____ Cell: _____

Email Address: _____

DOB: _____ Age: _____ Sex: _____

School: _____ Grade: _____

Emergency Contact Information

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

T-shirt size: Child S M L Adult S M L XL

Medical Issues: Y / N Allergies: Y / N

Explain: _____

Note: Please sign below for child to be photographed and or filmed for promotional purposes only!

Signature: _____ Date: _____

Amount Paid _____ Balance _____

"Here to Answer to Call to the Village People!"