



2025 CAMP REGISTRATION FORM

Complete this form and return to: Vera French, 1441 W. Central Park, Davenport IA 52804; Attn: Maggie D. by May 23rd for your child to be considered for one of our Summer Camps! Your child's spot at camp will be secured following a phone interview.

Child's First and Last Name: _____

Preferred Name if different: _____

Gender: _____ Age: _____ Birthdate: ___/___/___

Address: _____ City: _____ State: _____

School: _____

Parent/Legal Guardian's Name: _____ Relationship: _____

Phone: Daytime (____) _____ - _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Phone: (____) _____ - _____

Child's T-shirt size: (check one)

____ Youth Small (6-8) ____ Youth Medium (10-12) ____ Youth L (14-16)
____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XL

How did you find out about Camp? Please be specific. _____

Has your child previously attended Vera French Camp? Please list years and camp: _____

Reason Child is attending camp: Grief/loss or Life Change? _____



HEALTH HISTORY

Camper's Name: _____

ALLERGIES

Food: _____

Drug: _____

Other Significant Allergies: _____

Please list any dietary restrictions: _____

Is there any relevant health information you would like us to know about your child?

Medical problems (such as chronic pain, asthma, diabetes, medications and others): _____

Behavioral Health (such as ADHD, Anxiety, Oppositional Defiant, and others): _____

Developmental Disability (such as autism, intellectual delay, and others): _____

Other (please explain): _____



Camper's Name: _____

May we apply sunscreen _____ Yes _____ No

May we apply insect repellent? _____ Yes _____ No

Are there any activities your child may not be able to participate in while at camp?

_____ Yes _____ No If yes, please specify: _____

Please provide any information we need to know to safely care for your child:

Please provide any additional information that might be helpful to us (problems with eating, getting along with friends/peers, etc.) _____

Vera French recommends that participants with food allergies bring a sack lunch. Please check one:

- My child will eat snacks and lunch provided by Vera French
- My child will bring their own snacks and lunch



Waiver and Release Form

Camper's Name: _____

To the best of my knowledge, the above information is correct and accurate. I understand that participation in Camp and its activities are entirely voluntary and hereby grant permission for my child to participate.

Should my child become sick or injured I give permission for agents of Vera French to administer first aid to my child and authorize emergency transportation to the nearest acute care facility if necessary. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to my child.

On my own behalf and on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, that may arise against Vera French, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or camp activity.

_____ YES, I authorize Vera French to take pictures of my child.
(Photos will not be used for advertising or social media purposes)

_____ NO, I do not want my child's picture taken.

_____ Date: _____
Signature of Parent/Guardian