



CAMP TOTOKETT 2010
ADULT STAFF REGISTRATION

Name: _____ Gender: M F

E-Mail: _____

Phone-Home: _____ Cell: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Please list any Special Needs or Information:

Medication: _____

Allergies: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

All adult volunteers/staff members must have a current physical form on file to volunteer at camp – it is a state requirement. By agreeing to volunteer, you agree to furnish us with this form prior to the first day of camp. Even if you will only be on premises for one activity, a physical form and registration form are required. Physicals are valid for three years from the date of your last exam.

Staff Signature: _____ Date: _____

**Mail or fax your completed form to: First Congregational Church,
1009 Main Street, Branford, CT 06405 Fax# (203)483-5237**