



CAMP TOTOKETT MENTOR
REGISTRATION 2010

July 19-23, 2010

NAME: _____ **BIRTH DATE:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

E-Mail: _____ **Gender:** M F

Home Phone: _____ **Cell Phone:** _____

Please list any special needs or Information:

Medication: _____

Allergies: _____

Emergency Contact Information:

Name of person to contact: _____ *Relationship:* _____

Home phone #: _____ *Work/Cell phone #:* _____

Name of person to contact: _____ *Relationship:* _____

Home phone #: _____ *Work/Cell phone #:* _____

T-shirt size: AS AM AL AXL (select one for staff shirt)

Photo Release: I will/will not (circle one) allow my child's picture to be used in Church Publicity for Camp Totokett.

PHYSICALS: All volunteers 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. Physicals are valid for three years from the date of your last exam.

MENTOR SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

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