

**CAMP KESHER
FAMILY INFORMATION FORM
(one form per family)**

Please submit this form to us by June 15, 2011.

Last Name of Child(ren) or Staff _____ (for filing purposes)

Name of **Mother**/Guardian* or **Female Head of Household** _____

Full Address _____

E-Mail Address _____

Cell Phone # _____ Home Phone # (if diff.) _____ Work Phone # _____

Name of **Father**/Guardian* or **Male Head of Household** _____

Full Address (if different) _____

E-Mail Address _____

Cell Phone # _____ Home Phone # _____ Work Phone # _____

Emergency Contact (other than above) _____ Phone #(s) _____

Doctor's Name _____ Phone # _____

Medical Insurance Company _____ Phone # _____

Full Address _____ Group or Plan # _____

For one or more Campers (under age 18*) from the same Family Household:

(Printed Name of **Mother***/Guardian) (Signature*) (Date)

(Printed Name of Witness*) (Signature*) (Date) (Phone #)

(Printed Name of **Father***/Guardian) (Signature*) (Date)

(Printed Name of Witness 2, if needed*) (Signature*) (Date) (Phone #)

***Any parent/guardian with any degree of custody must sign above in the presence of a witness.**

For one or more Staff Members (age 18 or older) from the same Family Household:

(Printed Name of Staff Member) (Signature) (Date)

(Printed Name of Staff Member) (Signature) (Date)

(Printed Name of Staff Member) (Signature) (Date)