

OFFICE USE ONLY

Date Received \_\_\_\_/\_\_\_\_/2012

Camper No. \_\_\_\_\_

Date Paid \_\_\_\_/\_\_\_\_/2012 Check No. \_\_\_\_\_ Check Date \_\_\_\_\_

Stby No. \_\_\_\_\_

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# *Enlistment Form*

## *Revolutionary War Camp*

*July 9-12, 2012*

*Recruit's Name* \_\_\_\_\_

*Birth Date* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Parent's / Guardian's Name* \_\_\_\_\_

*Street Address* \_\_\_\_\_

*City/County/State/Zip* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Work Phone* \_\_\_\_\_

*E-Mail* \_\_\_\_\_

*Contact Persons Name (in the event the parent or guardian cannot be reached):*

*Phone Number(s):*

*Name of Family Doctor/Clinic:*

*Phone Number of Family Doctor/Clinic:*

*Any Special Instructions/Medical Needs for the Care of Your Child:*

*In case of an urgent medical emergency the proper EMT personnel will be called and the situation addressed immediately. Your child will not partake in any dangerous activities. Their safety will be of the utmost concern to the staff.*

*Your signature below authorizes the staff of the Virginia War Museum to request emergency treatment for your child if the situation warrants, and we are unable to contact you.*

*SIGNATURE:* \_\_\_\_\_