

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

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

Date Paid \_\_\_\_/\_\_\_\_/2012

Check No. \_\_\_\_\_ Check Date \_\_\_\_\_

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

## ENLISTMENT FORM WWII SUMMER CAMP 2012

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (all campers must be between the ages of 8 and 12 during the camp.)

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

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

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

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

E-mail: \_\_\_\_\_

*All confirmations will be sent via e-mail unless specifically requested, to save postage costs and staff man hours*

**Select camp session:**    \_\_\_\_ **August 6-9**    \_\_\_\_ **August 20-23**

You are welcome to indicate a first and second choice of sessions. This allows us to immediately place your camper in whatever session has openings. Either session is liable to fill faster on any given year.

*Please complete the following medical information:*

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: \_\_\_\_\_