



CAMPER REGISTRATION FORM

Please email a recent photo of your child to info@campmeraki.com

Date

Last Name

First Name

M.I.

Birth Date

Gender Identity

Email Address

Emergency Contact

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Relationship to Camper

Current Residence Information

Street Address

Street Address Line 2

City

State

Zip Code

Home Phone Number

Cell Phone Number

Primary Residence Information

(if different from above)

Street Address

Street Address Line 2

City

State

Zip Code

Parent/Guardian Residence Information

(if different from above)

Street Address

Street Address Line 2

City

State

Zip Code

Physician and Medical Information

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Preferred Hospital

Insurance/Health Coverage (Company)

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns. Please include any dietary restrictions (i.e. - vegan, vegetarian, gluten free, lactose free, paleo, etc.) If none, please enter "None."

Notes

Please inform us of any other vital information you think we may need to know about your camper. Thank you.