

Pecometh Camper Data

PLEASE COPY OR DOWNLOAD COPIES OF THIS FORM FOR ADDITIONAL CAMPERS (WWW.PECOMETH.ORG)

CAMPER

Name _____
Last First

Date of Birth ____/____/____ Gender: Male / Female Grade ____ # of years at Pecometh ____
Month Day Year (completed June 2009)

For initial week of camp:

Session Choices (List Program Number):

1st Choice 2nd Choice 3rd Choice

For an additional week of camp:

Session Choices (List Program Number):

1st Choice 2nd Choice 3rd Choice

Discount

Are you bringing a new friend? Yes No

Do you have 3 or more family members attending camp? Yes No

Ethnicity ____Asian-American ____African-American ____Caucasian ____Latino
____Native-American ____Multi-Ethnic ____Euro-American ____Other

Roommate Request: (one only please) _____

MEDICAL INFORMATION

Please check any special camper considerations:

____ Takes Medication Regularly ____ Learning Differences/Disabilities ____ Bi-polar Disorders
____ ADD/ADHD ____ Depression ____ Eating Disorders
____ Epilepsy ____ Diabetes ____ Bedwetting
____ Special Diet or Food Allergies _____
____ Drug Allergies _____
____ Other Allergies or Considerations _____
____ None

THINGS MY COUNSELOR NEEDS TO KNOW . . .

I like to be called (nickname) _____

I have been away from home Never A couple of times Often

Some things I like to do with my friends at school or at home are _____

Some things that worry me about coming to camp are _____

When I grow up, I'd like to be _____

When it comes to swimming, I consider myself to be a strong swimmer
 an average swimmer, but not great
 not a good swimmer, but I'd like to get better
 not a swimmer at all, but I do trust wearing a PFD (life-preserver)
 not a swimmer at all and I am scared of the water