

**WILLIAM LAWRENCE CAMP 2011
CONFIDENTIAL CAMPER INFORMATION
TO BE FILLED OUT BY PARENT/GUARDIAN**

Please return by June 1 along with other required forms to:
William Lawrence Camp, PO Box 52, Ctr. Tuftonboro, NH 03816
PLEASE PRINT

Please Place
Camper Photo
Here.

Camper's Name _____

Age _____ Birth date _____/_____/_____ Last _____ First _____ Middle _____ Grade next fall _____

Address _____

Street _____ City _____ State _____ Zip code _____

Home Phone number: () _____ E-mail: _____

Father's Name _____ Occupation _____

Business Phone number: () _____ E-mail: _____

Mother's Name _____ Occupation _____

Business Phone number: () _____ E-mail: _____

Name of Guardian (s) if not parents _____

Are parents: married? _____ divorced? _____ If divorced, who has custody? _____

Parents summer address and phone number during camp if different from above (dates please): _____

MOST LIKELY PHONE NUMBER(S) WHERE YOU CAN BE REACHED IN AN EMERGENCY

() _____ () _____

Persons other than parent(s) to be notified in an emergency situation when a parent is not available:

Name: _____ Phone number: () _____

Name: _____ Phone number: () _____

Is your son presently on any medications? _____ If yes, what medications _____

WLC POLICY ON RELEASE OF PARTICIPANTS: It is the policy of William Lawrence Camp to release campers only to those who have been previously approved in writing.

1. Name _____ 2. Name _____

Relationship _____ Relationship _____

Please list any individual(s) who is legally denied access to your child:

Number of sisters _____ brothers _____ other children in the household _____

Names/ages of sisters/brothers _____

Are there any other adults in the household? _____ Relationship? _____

Does the camper have any special pets? (Names) _____

Name of camper's school _____

Please comment on camper's school experience: _____

In what group activities (Scouts, Youth fellowship, Clubs, etc) is your son active? _____

Is the camper afraid of the dark? _____ animals _____ water _____ lightning _____ thunder _____

Other fears: _____

Does the camper have any food allergies? _____ If yes, specify: _____

What is the camper's swimming ability? Excellent ____ Good ____ Fair ____ or Non-swimmer ____
Highest American Red Cross Certificate Level ____
How important is advancement in ARC swimming? ____

Has the camper ever been away from home without his parent(s)? Y / N. If so, please describe experiences:

Describe the camper's summer experiences during the past two years (camp, at home, travel, summer school, etc)

Describe camper's attitude about coming to camp ____

Is the camper attending of his free will? ____ If no, please explain ____

What activities do you think your child will want to participate in? ____

What do you expect your son to gain from his camp experience? ____

Has the camper been in any special counseling programs or support tutorial programs? Y / N. If so, please explain:

Does the camper have any emotional difficulties that **might** affect his participation in camp life? Y / N If so, please explain: ____

Does the camper have any physical difficulties (problems with joints, required braces, etc.) that may affect his participation in camp life? Y / N. If so please explain: ____

Are there any emotional difficulties within the family which might be affecting the camper? Y / N. If so, please describe: ____

Has anything occurred in the camper's life in the past year that may be a problem, or that may affect behavior at camp (such as divorce, death of a relative, school problem, loss of a pet, etc.)? Y / N. If so, please explain:

Does camper experience:	Never	Sometimes	Regularly
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Sleepwalking	_____	_____	_____
Nightmares	_____	_____	_____
Talking in Sleep	_____	_____	_____
Bedwetting	_____	_____	_____

Additional remarks or suggestions that you wish to pass on to camp personnel (Include special medications. Please use back page if necessary) _____

Camp policies regarding cabin assignments are outlined in the Parents Guide. For first time campers, if your son had a preference, please list the one special friend he would like to bunk with _____

Are there any specific activities in which your child must not participate? _____

I have supplied the above information and understand it will be treated as confidential and will be shared only with my son's cabin leaders and the camp administration. I further state that I have not withheld any information that is essential to William Lawrence staff in providing care for my child.

Date _____ Signed _____

Parent/Guardian