

Crawdad Camp Registration & Medical Release Form

Camper's full name:		
Camper's age (circle one): Over 21 Under 21 If under 21, please give exact age:		
Camper's street address:		
City:	State:	Zip:
Phone:	Email:	
If under 18, parent or guardian name:		
Dietary needs/restrictions (list):		
Physical limitations (list):		
T-shirt size (circle one): S M L XL		
Have you camped in a tent before? (circle one): Yes No		
Do you have a sleeping bag and an air mattress or sleeping pad? (circle one): Yes No		
Medical Release		
List all known allergies (food, medicine, insect bites, pollen.)		
Any known medical conditions? (list)		
Medications taken regularly (campers are responsible for their own medications)		
Insurance Company:	Policy Number:	
If the camper is under 18, fill in the following:		
I give permission for my child to be treated by a physician or in a hospital in case of an emergency.		
Name of parent/guardian:		
Signature of parent/guardian:		
Emergency phone numbers (include area code)		

Camp Fees are \$80 per person or \$200 for a family of 3 or more.

Make checks payable to PSWD and send the check and registration form to Jim Walters, 1443 S. Beck Ave. Tempe, AZ 85281.