

CAMP BRIAR HILL

ALL ABOUT ME FORM

(Given to your child's Group Leader)

Camper Name _____

Are there any beverages or food that your child should not have?

Does your child have any allergies?

Does your child have any fears?

Is this your child's first camp experience? Yes No

Does your child burn easily and need sunscreen more than once? Yes No

Does your child need to wear earplugs while swimming? Yes No

Your child's birthday _____

Would you like your phone number and email published in the group's friendship list?

(if so, please provide number and email to publish) Yes No

Phone Number: _____

Email address: _____

I would like my child's group leader to know:
