

Camp Nonesuch

Guest Registration

*To be completed by Guest's Parent/Guardian
Guests must be of camper or CIT age (7-15 years of age).*

Please have form completed and returned **NO LATER THAN ONE DAY BEFORE THE GUEST WILL VISIT**. Each camper may invite one guest per two-week session. Note: We regret that early drop off or late pick-up services cannot be extended for guests. Camp Nonesuch reserves the right to limit the number of guests that it hosts on any given day due to program restrictions.

Date of visit: _____

Guest's Name: _____ Age: _____

I give permission for my son/daughter to spend the day at Camp Nonesuch as the guest of

_____ *in cabin* _____ *and understand that guests of*
(camper name) (camper's cabin)

Camp Nonesuch agree to abide by the rules and regulations of the camp. I free Camp Nonesuch of any liability in connection with said visit and I give Camp Nonesuch permission to secure emergency medical aid if needed.

Please list any special medical circumstances, including allergies and current medications that we should be aware of:*

(Signature of Parent/Guardian of Guest)

(date)

- Any prescribed or over the counter medication(s) that a guest needs require separate written permission from the parent or guardian of the guest for the camp to administer. Medications must be in the original labeled container that includes: The name of the medication; the dosage; the prescribing physician; and contact information. It must be checked in with the camp health care provider (camp nurse) when the guest arrives.

Guest Information (please print):

Parent/Guardian Name: _____

Address: _____

Telephone (home): _____

Telephone (work): _____

Cell Phone: _____

Please include an additional emergency number for us to call should an emergency arise and we cannot contact you (required):

(name)

(relationship)

(telephone)

Camp Nonesuch

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