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☐ Small    ☐ Medium    ☐ Large

☐ Camper      ☐ Staff

Name:

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Medical Release		Yes		No	
Heart Trouble	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung Trouble	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Trouble	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus Infection	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (Please Name)	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

