

# 2020 Brothers Keeper Participant Registration Form

**June 21– 26, 2020**

**ANY PARTICIPANT WITHOUT A COMPLETED HEALTH FORM WILL NOT BE ALLOWED TO STAY.**  
Health forms can be found on our website at [www.parchmentvalley.org](http://www.parchmentvalley.org)

(Please PRINT clearly)

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  M  F First time camper:  Yes  No

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in Fall of 2020 \_\_\_\_\_

T-Shirt Size:  S  M  L  XL  XXL  XXXL

Church: \_\_\_\_\_ Association: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Parent or Guardian (if camper is under 21) ~

Please PRINT: \_\_\_\_\_

First Last

Address (if different from above): \_\_\_\_\_

City

State

Zip

Parent's Signature: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_  
Please print legibly

Do you give your child permission to swim with lifeguard supervision?  Yes  No

Do you give your permission for photographs to be taken during the camp and used for promotional purposes?  
 Yes  No