



CCSO Hero Camp Participant Registration Form

Participant #1 Information:

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian Name: _____ Phone number: _____

Alternative Phone number: _____ Guardian Email: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.

Participant #2 Information:

Full Name: _____ Nickname: _____ Male _____ Female _____

Participant Date of Birth: _____ Age during camp: _____

Is this child allergic to anything? _____ If yes, explain: _____

Is this child currently taking medication? _____ If yes, explain: _____

Does this child have special needs*? _____ If yes, explain: _____

*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp. Each request will be assessed in compliance with the ADA.