

## NORTHEAST ELITE RESIDENTIAL PROGRAM

**Registration Date:** \_\_\_\_\_

**Price Paid:** \_\_\_\_\_ **Method of Payment:** Check Cash (Circle One)

**Camper Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Camper Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Parent Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Camper E-mail:** \_\_\_\_\_

**Parent Email E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_

**Sex (Circle One)** Female Male

**Club Team Name:** \_\_\_\_\_

### EMERGENCY INFO | MEDICAL INFO

**Emergency Person Name and Relationship to Camper:** \_\_\_\_\_

**Emergency Phone No. (\_\_\_\_)** \_\_\_\_\_

**Emergency Alternate Phone No.(\_\_\_\_)** \_\_\_\_\_

**Emergency Relationship to Participant:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_

**Health Insurance Policy #:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_

