



Camper Profile Sheet

Camper _____
(Last Name) (First Name)

Gender _____

Date of Birth _____

Prefers to be called _____

Siblings Name	Age	Attending Park Shore (circle)	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

My child's favorite activities at camp are: (check all that apply)

- | | | | | |
|--------------------------------------------|-------------------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Lego's | <input type="checkbox"/> Music | <input type="checkbox"/> Sky Trail |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Dance | <input type="checkbox"/> Kickball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Ninja | <input type="checkbox"/> GaGa | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Flag Football |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Beach Volleyball | <input type="checkbox"/> Remote Control Cars | <input type="checkbox"/> Rock Wall | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Baking & Cooking | <input type="checkbox"/> Bungee Trampoline | <input type="checkbox"/> Science | <input type="checkbox"/> ATV Quad |
| <input type="checkbox"/> Excel Sports | <input type="checkbox"/> Remote Control Rock Climbers | | <input type="checkbox"/> Remote Control Boats | |

List others here:

My child's main interests are:

I would like my child to accomplish the following:

My child likes to eat the following foods:

My child does not like the following foods:

My child is not allowed to eat the following foods:

We would love to know more about your child. Please give us any additional information here:
