

# Whirlin' Waters Camp Information Form

Camp Name \_\_\_\_\_

Camp Contact \_\_\_\_\_ PHONE \_\_\_\_\_

## Parent Information – Please fill this out

Parent's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apt/Suite/Lot #*

\_\_\_\_\_  
*City* *State* *Zip Code*

\_\_\_\_\_  
*County*

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

## Student Information – Please fill this out

Child's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Date of Birth: \_\_\_\_\_ Male  Female

## OFFICE USE ONLY

Does this individual have a household in Rec Dynamics?  YES  NO

If No, household created?  YES  NO

Does this individual already have a Membership ID number assigned?  YES  NO

If No, ID number assigned?  YES  NO

Does this individual already have a Super Splash Pass Membership?  YES  NO

If No, Membership purchased?  YES  NO