Girls Inc of Monroe County Spring Break Camp 2025 Campers Ages 5-13



Camp Dates & Costs:

Monday-Friday March 17th-21st 2025	Drop Off: 8:00am-9:00am Pick Up: 4:00pm-5:30pm		
Camper Information:			
Full Name:	Date of Birth:	Age:	
School Name:		Grade:	
Address:Zipcode:		City:	State
Parent/Guardian Information	i		
Name:			
Relationship to Camper (e.g., M	10ther, Father, Guard	an):	
Parent/Guardian Email Addres	S:		
Parent/Guardian Phone Numb	oer:		
Emergency Contact Informat	ion:		
#1 Emergency Contact Name:			
Relationship to Camper:			
Phone Number:			
#2 Emergency Contact Name:			
Relationship to Camper:		_	
Phone Number:			

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Medical Information:

Does your child have any medical conditions/allergies? (Please specify):		
Is there anything that upsets your child? If so, how can we best help them?		
Does your child have insurance? (Check one):		
 □ Yes □ No Insurance Provider (if yes): Policy Number: 		
Medical Waiver & Consent:		
I hereby give my consent for my child to participate in the Girls Inc of Monroe County Shero Camp 2025. I give permission for my child to receive medical attention in case of injury or emergency, if necessary.		
I certify that the information provided above is correct and that I am the legal guardian of the participant. I agree to adhere to all program rules and policies.		
Signature of Parent/Guardian:Date:		

Payments:

Please submit payment prior to camp starting. Payment options are listed below:

- Card on the Girls Inc Website
- Check (please make payable to Girls Inc)
- Cash

Send Completed Registration Form To: gimc@girlsinc-monroe.org

Questions/Comments:

Please contact us at 812-336-7313 or gimc@girlsinc-monroe.org for any questions.