

# **Bloomsburg University Camp-Clinic On-Site Registration Form**

**Online registration available 24/7  
at [www.BUcamps.com](http://www.BUcamps.com)**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Check One:            Boarder \_\_\_\_\_ Commuter \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_

Cell Phone (        ) \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION (If different from above)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_

### **PLEASE NOTE:**

**You must also complete the attached medical form and the photo-video release form.**

**Admin Use Only:    Amount \$ \_\_\_\_\_    Circle one: CASH or CHECK**

**Check Number & Last Name: \_\_\_\_\_**

