



2025 CAMP CRUSADER REGISTRATION FORM



DEMOGRAPHICS:

Camper's Name: _____ Gender: F/M Age: _____

Grade Entering for 2025/2026 School Year: _____

School for 2025/2026 School Year: _____

Medications, allergies, and/or special needs:

Emergency Contact #1:

Name: _____ Relationship: _____

Phone Number: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Phone Number: _____

Emergency Contact #3:

Name: _____ Relationship: _____

Phone Number: _____

**Primary Email (for Camp Crusader emailing list): _____

_____ Please initial here if you need a document detailing all payments made for Camp Crusader 2025 for your tax purposes. (Document will be provided after the conclusion of summer camp)

CAMP RESERVATIONS: Please check all weeks your camper would like to attend.

May 27 - May 30 _____ June 2 - June 6 _____ June 9 - June 13 _____

June 16 - June 20 _____ June 23 - June 27 _____ June 30 - July 4 _____

July 7 - July 11 _____ July 14 - July 18 _____ (Closed July 4)

How many weeks will your child attend after care? _____

Students registered at SLKF for the next school year have priority placement

CAMPER T-SHIRT SIZE: Each camper will receive a t-shirt on their first day.

(Youth) XS S M L Extra Shirts (\$10) _____
(Adult) S M L XL



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