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Registration

Register for Camp

Thank you for your interest in Little Tivoli. We are now accepting camp applications for all kids aged 3-10. (Must be potty trained)

Camper Name *

First

Last

Gender

Date of Birth



Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

Parent or Guardian Names

Parent Home Phone

Email *

Other people authorized to pick up camper

Emergency Contact Name & Relationship

Emergency Contact Phone *

T-Shirt size

- 3T
- 4T
- 5T
- Small
- Medium

Camper Health Info

Family Doctor

Family Doctor's Phone

Family Health Insurance Company & Policy Number

Present medication (camper must bring medications to camp)

Please specify any instructions or anything we need to know

Allergies or Special Diet Requirements

For food allergies, please explain how severe. We will post an allergy awareness sheet so everyone is aware of the allergy, but we cannot guarantee campers won't come into contact with common allergens.

Physical, behavioral, or emotional concerns

Date of last tetanus shot/booster



Authorization & Release

You must click Release of Liability and Medical Release to submit your registration

Release of Liability

- As an authorized parent or guardian of the above named child, I release the Little Tivoli, LLC of liability if my child is injured, falls ill or is disabled during the course of camp

Medical Release

- I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment, but if it is impractical to do so, I HERBY GIVE MY PERMISSION to the physician selected by camp staff to secure proper treatment, to hospitalize, or order injection, anesthesia, X-rays, or surgery for my child as named above.

Photo Release

- I grant the right to photograph my child and use the photo reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

Camp Fee

Price: ~~\$250.00~~ Quantity:

Total

\$0.00

How do you want to pay?

- I'll pay by credit card
 I'll pay by check

Signature

Once you've completed the form, we'll email it to you, please print and sign in this box. Thanks!

You must click Release of Liability and Medical Release to above before you can submit your registration



FEELING PRINTY?

You can download this printable version, and just mail it.

[Little Tivoli Paper Registration Form](#)

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