

Teen Adventure Camp Application Form 2010

**Camper Information**

Camper Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Camper Email Address \_\_\_\_\_

**Guardian Information**

Parent(s), Guardian: Please note: Custodial  Non Custodial  #2 Name (if different) Custodial  Non Custodial   
#1 Name(s) \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Number \_\_\_\_\_  
Work Number \_\_\_\_\_ Home Number \_\_\_\_\_  
Home Number \_\_\_\_\_ Email \_\_\_\_\_  
Email \_\_\_\_\_

Which trip are you interested in?

Trip I (July 3<sup>rd</sup> – July 17<sup>th</sup>)

Trip II (July 24<sup>th</sup> - August 7<sup>th</sup>)

What camps have you attended in the past? How many summers each? \_\_\_\_\_  
\_\_\_\_\_

Please describe any health/physical needs you have which may require special attention (diet, allergies, medication, chronic joint pain, injury, sensitivity to heat, etc.)? \_\_\_\_\_  
\_\_\_\_\_

Please describe your previous camping experience. If you haven't had any, that's ok! \_\_\_\_\_  
\_\_\_\_\_

What overnight backpacking experience have you had? \_\_\_\_\_  
\_\_\_\_\_

What canoeing/rafting experience have you had? \_\_\_\_\_  
\_\_\_\_\_

Can you swim? \_\_\_\_\_  
\_\_\_\_\_

Are you comfortable in the ocean? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to join the Teen Adventure Camp? \_\_\_\_\_  
\_\_\_\_\_

Anything else we should know? \_\_\_\_\_  
\_\_\_\_\_

I have included my \$200 deposit:

Thanks for your application. You will hear from us soon!

Camp Dark Waters  
P.O. Box 263  
Medford, NJ 08055



Phone: 609-654-8846  
Fax: 609-654-2022  
Email: info@campdarkwaters.net