



CAMPER PERSONAL HISTORY FORM

THE MORE WE KNOW ABOUT EACH CAMPER, THE BETTER EXPERIENCE WE CAN PROVIDE. THIS INFORMATION WILL BE VALUABLE TO YOUR CHILD'S COUNSELOR. PLEASE USE THE BACK OF THIS SHEET FOR ADDITIONAL INFORMATION/REMARKS. THANK YOU.

Session # _____ Name of Camper _____

Nickname _____ Age _____ Sex _____

Address _____

Parents'/ Guardians' Names 1. _____ 2. _____

Are parents divorced or separated? Yes No Are both parents living? Yes No

Camper's 1st time at Mountain Camp? Yes No If no, how many years attended? _____

Other camp experience _____

Brothers & Sisters (Ages) _____

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|--|
| Attitude towards camp | Excited <input type="checkbox"/> | Average <input type="checkbox"/> | Apprehensive <input type="checkbox"/> |
| Adjusts to adults | Easily <input type="checkbox"/> | Average <input type="checkbox"/> | With Difficulty <input type="checkbox"/> |
| Adjusts to other children | Easily <input type="checkbox"/> | Average <input type="checkbox"/> | With Difficulty <input type="checkbox"/> |
| Participates in group activities | Easily <input type="checkbox"/> | Average <input type="checkbox"/> | With Difficulty <input type="checkbox"/> |
| Physical coordination | Superb <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> |

Temperament _____

Known fears and weaknesses _____

Chief interests _____

Camper's dislikes _____

Camper's expectations from camp _____

Parent's expectations from camp _____

Emergency Information: Contact 1 Contact 2

Contact name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Comments (Any other information-medical, physical, or personal-you want to share, that will help us do a better job.)

