

Camp Asbury Camper Get Acquainted Form

Full Name (and nickname): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email Address: _____

Home Church (if applicable): _____

Age: _____ Grade (in the fall of 2023): _____

I have _____ brother(s), ages _____ and/or _____ sister(s), ages _____

Name and date of event I will attend: _____

Why did you choose this particular Camp Asbury event: _____

My favorite activities and hobbies are: _____

Organizations I participate in: _____

Team or individual sports I play: _____

What other camps are you attending in summer 2023 (in addition to Camp Asbury): _____

What do I like most about myself: _____

My favorite person is: _____ because _____

I care for the following pets: _____

Some things I hope to learn about God at camp are: _____

I'm looking forward to doing the following activities at camp: _____

(flip over)

Check the five camp activities you enjoy most:

- | | | |
|------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Drama | <input type="checkbox"/> Outdoor Cooking |
| <input type="checkbox"/> Art | <input type="checkbox"/> Hiking | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> High Ropes | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Tent Camping |
| | | <input type="checkbox"/> Worship/Bible Study |

Please estimate your level of swimming ability. You will receive a swim test at camp to confirm your swimming ability before you participate in any aquatic activity. (The determination of the Waterfront Director is final).

- | | | |
|--------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Non-swimmer | <input type="checkbox"/> Intermediate Swimmer | <input type="checkbox"/> Advanced Swimmer |
|--------------------------------------|-----------------------------------------------|-------------------------------------------|

PARENTS: Please share with us anything you feel would be helpful for us to know about your child (e.g. upcoming birthdays, awards or recognitions, family situations, recent illnesses, sleep disorders, special dietary requirements, etc).



The information on this form is confidential and is to be used by camp personnel only