Camp Blue Hawk Camper Registration

Camper First & Last Name _____

Camper Sex Assigned at Birth ☐ Male ☐ Female

Camper DOB _____

Camper Doctor Name (Endocrinologist) _____

Parent/Guardian First & Last Name _____

Parent/Guardian Phone _____ Cell Phone _____

Parent/Guardian Email _____

Which registration fee do you plan to pay? (Select one)

☐ Subsidized Registration Fee ($500)

☐ Full Registration Fee ($1,290)

If you selected the Subsidized Registration Fee, will you need financial assistance to pay the $500?

☐ Yes

☐ No

If yes, please specify requested scholarship amount (not to exceed $500) _____

Once you have completed this form, please email it to Campbluehawk@ouhsc.edu.