AileyCamp Boston 2012 Application

	Name		
	Address		Apt. No.
Please do not write in this area.			
This space is reserved for an applicant photo	City State Zip		Zip
that will be taken during the interview process.	Parent/Guardian Name	Relationship	Phone No.
	Age Birth Date		
	Male/Female	Height	Weight
	Shoe Size	Short Size	Leotard Size – Girls Only
	School Name		Grade
	Have you applied to AileyCamp before? Yes or No?		
	Parent Email		
Have you had any physical injuries in the past 2 years? Yes If yes, briefly describe:			
Has any member of your family attended AileyCamp? If so, what is his or her name? What year did they attend?			
What will you do this summer if you do NOT do AileyCamp	p?		
Why do you want to attend AileyCamp? Potential camper p			
AileyCamp serves youth of all races. It is helpful to identify ☐ African America ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Oth			
Who do you live with? Check all that apply Both Parents	☐ Mother ☐ Father ☐ Aunt/	Uncle □ Grandpar	rents Other
Do you think you will have to go to summer school? Yes or	No?		
My child has permission to apply to AileyCamp: Parent/Guardian Signature		Date	