

In the space below, please explain in 100 words or less, in your own handwriting, why you are interested in attending Health Careers Camp.

Parent/Guardian permission:

I hereby give my permission for my child to be considered for Health Careers Camp. I understand that if my child is selected for camp, I will need to complete a health history form supplied by Health Careers Camp or provide a current physical examination report.

Signature: _____ Date: _____

**Application Deadline: June 15th. Return application to:
Cathy Gray, Cedarcrest Center, 91 Maple Avenue, Keene, NH 03431**

***** This is not a school sponsored program. *****