

## CAMPER INFORMATION

*Please complete and return no later than the first day of camp.*

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

Mother's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY INFORMATION

Other than the parents listed above, please list other adults who are authorized to pick up your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, if parents cannot be reached, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Does your child have any allergies?**

Yes No

If yes, please explain: \_\_\_\_\_

### **Are there any health concerns that our staff members need to know?**

Yes No

If yes, please explain: \_\_\_\_\_

### **Does your child take any medications?**

Yes No

If yes, please explain: \_\_\_\_\_

### **Can your child swim at least one length of the pool?**

Yes No

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_