



Day Camp Emergency Form



FULL DAY CAMP-EXTENDED CAMP-CAMP SUNSHINE

This form must be returned at the time of registration

Each Child Must Have a Separate Form Submitted

Child's Name: _____ Age: _____ Birth date: _____

Address: _____ City: _____

Mothers Name: _____ Home Phone: _____ Cell: _____

Mothers Employment: _____ Work Phone: _____

Fathers Name: _____ Home Phone: _____ Cell: _____

Fathers Employment: _____ Work Phone: _____

Child's Campsite (circle one)

Memorial Centennial Hannum TBD
Sunshine MWF AM Sunshine MWF PM Sunshine T/Th AM Sunshine T/Th PM

Session(s): Circle one: Session 1 Session 2 Sessions 1 & 2

Is your child enrolled in Extended Camp? Yes _____ No _____

If Yes: Circle one: Session 1 Session 2 Sessions 1 & 2

Person's authorized to pick up your child or to be notified in case of an emergency (other than parents). Photo identification will be required at the pick up time. Your child will only be allowed to leave camp with those persons listed below:

Name	Relationship (To child)	Address	Phone #	Cell #
1. _____				
2. _____				
3. _____				
4. _____				

Please list any health issue, allergies, habits or other considerations that staff should be aware of:

* Please circle your child's T-Shirt size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL

* May your child have his/her picture taken by the staff during the program? YES NO

* Will your child be walking or riding a bike to camp on a daily basis? YES NO

* May the staff re-apply sunscreen to your child if your child's asks for assistance? YES NO

PARENT SIGNATURE: _____ **DATE:** _____

Please return this form with your registration.