

SPORTS CAMP EMERGENCY FORM

When registering for Sports Camp please return this form with your registration!

Emergency Information Form

Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Child's Campsite: Oak Lawn Pavilion Program Code: _____

Person(s) authorized to pick up your child or to be notified in case of emergency (other than parents). Photo identification will be required. **Please note, your child will only be allowed to leave camp with those persons listed below!**

	Name	Relationship (to child)	Address	Phone#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please list any health problems, allergies, habits, or any other considerations that the sports camp staff should be aware of: _____
_____.

May your child have his/her picture taken by the camp staff? YES or NO

My child will be walking or riding a bike to camp on a daily basis? YES or NO

Parent Signature: _____ **Date:** _____