

# Camper Data Form

This form must be completed and submitted the first day of camp in order for your child to attend.

1. Camper's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
3. Phone # \_\_\_\_\_ Email Address \_\_\_\_\_
4. Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of first day of camp \_\_\_\_\_ Grade entering this Fall \_\_\_\_\_
5. Pick Weeks Attending Camp: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9
6. Father's Name (or Legal Guardian #1) \_\_\_\_\_ Cell \_\_\_\_\_
7. Mother's Name (or Legal Guardian #2) \_\_\_\_\_ Cell \_\_\_\_\_
8. Legal Guardian #1 Work # \_\_\_\_\_ Legal Guardian #2 Work # \_\_\_\_\_

*In the event of injury, illness or emergency, every attempt will be made to contact parents first.*

9. Alternate Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_
10. Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_
11. Medical allergies, illness or other conditions: \_\_\_\_\_ Current Medications: \_\_\_\_\_
12. List any other special circumstances camp staff should be aware \_\_\_\_\_
13. Are all of your school immunizations up to date? \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_
14. How will your child be picked up from camp? \_\_\_\_\_
15. Recreational Swim: I grant permission for my son/daughter to participate in recreational swim.  
**Please circle Yes or No**
16. I grant permission for my son/daughter to attend off site activities occurring throughout the summer.  
**Please circle Yes or No**
17. Please indicate your child's appropriate **youth t-shirt size** S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_
18. I allow emergency treatment of my son/daughter by a qualified medical professional in the event of a medical emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CAMPER DATA FORM - CONTINUED

Child's Name (print): \_\_\_\_\_

**Authorized Pick-Up Policy** It is important for us to know who will be picking up your child from camp. Please list all the people authorized to pick your child up from camp, including those in a carpool. If you need to list additional authorized persons, please use a second form.

## Primary Person: Name:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

## Additional Persons:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Authorized person(s) will be required to show proof of identification (driver's license or photo ID) when picking your child up. Your child will not be released to anyone except the individuals listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

