



Camper Emergency Form

Summer 2025

Participant Name	Gender	Birthdate

Address:		
City:	State:	Zip Code:

Please check ALL camps your child will be attending this summer:

- | | | |
|--|--|--|
| <input type="checkbox"/> Terrific 2 be 2 Camp | <input type="checkbox"/> Busy Bees Camp (3-4 yrs.) | <input type="checkbox"/> Fabulous 4s Camp |
| <input type="checkbox"/> Adventure Camp (5-7 yrs.) | <input type="checkbox"/> Day Camp (Half Day) | <input type="checkbox"/> Day Camp (Full Day) |
| <input type="checkbox"/> Sports Camp (Half Day) | <input type="checkbox"/> Sports Camp (Full Day) | <input type="checkbox"/> Teen Camp |
| <input type="checkbox"/> Early Bird Camp | <input type="checkbox"/> Stay & Play Camp | <input type="checkbox"/> End of Summer Mini Camp |

Parent/Guardian Information

Guardian 1 Information	Name:
Address:	
Primary Phone:	Secondary Phone:
Email:	<input type="checkbox"/> Check box if authorized to pick up child

Guardian 2 Information	Name:
Address:	
Primary Phone:	Secondary Phone:
Email:	<input type="checkbox"/> Check box if authorized to pick up child

Emergency Contact

Emergency Contacts must be persons other than parents/guardians listed above

Name:	Relationship to Child:
Primary Phone:	<input type="checkbox"/> Check box if authorized to pick up child

Name:	Relationship to Child:
Primary Phone:	<input type="checkbox"/> Check box if authorized to pick up child

Name:	Relationship to Child:
Primary Phone:	<input type="checkbox"/> Check box if authorized to pick up child

Authorized Pickup Information

If any additional people are authorized to pick up your child, please complete this section. (Optional)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

My child is allowed to sign them self in/out of camp each day.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature:	Date:
------------------------------	-----------------------------	----------------------------	-------

