



# Camper Emergency Form

## Summer 2026

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          |  |

### Parent/Guardian Information

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

<b>Guardian 2 Information</b>	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:
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**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:
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