

Camp Champions Emergency Form

Participants Name					
Date of Birth					
Address					
City, Zip					
Home Phone					
Cell Phone					
Days Attending	Mon	Tues	Wed	Thurs	Fri
Usual Pick Up Time					
Parent/Guardian					
Work#					
Cell#					
Allergies or Medical Concerns					

EMERGENCY CONTACTS

In the event of an illness or emergency, we will always attempt to contact a parent first. In the event a parent cannot be reached, who else do we have permission to contact?

First and Last Name	Phone Number	Phone Number
1 st Contact		
2 nd Contact		

TRANSPORTATION INFORMATION

It is the responsibility of the parent to notify the staff of who will be picking up their participant and if any changes are being made.

Who will be picking them up:

NAME or TRANSPORT COMPANY	PHONE NUMBER	Days					Drop off	Pick Up
		Mon	Tues	Wed	Thurs	Fri		

Parent/Guardian Signature _____ Date _____