



Summer Camp Emergency Contact

This form **MUST** be completed by the first day of camp. A separate form must be completed for each camper.

Camper information
Name: _____
Grade Entering: _____ DOB: _____ Male or Female: _____
Address: _____ City: _____ Zip: _____

Primary Parent/Guardian Information
Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Relationship to camper: _____ Emergency Contact Number: _____
Email Address: _____

Secondary Parent/Guardian Information
Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Relationship to camper: _____ Emergency Contact Number: _____
Email Address: _____

Please list additional persons, with phone numbers, that may pick up your camper:
Name: _____ Phone number: _____
Name: _____ Phone Number: _____