

ULTIMATE DAY CAMP INFORMATION FORM

CAMPER'S NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____

DATE OF BIRTH: _____ SEX: MALE FEMALE

FATHER/GUARDIAN NAME: _____ OCCUPATION: _____

FATHER WORK PHONE: _____ CELL PHONE: _____

MOTHER/GUARDIAN NAME: _____ OCCUPATION: _____

MOTHER WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACTS OTHER THAT PARENT/GUARDIAN

	NAME	PHONE	RELATIONSHIP TO CHILD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PERSONS AUTHORIZED TO PICK UP MY CHILD

	NAME	PHONE	RELATIONSHIP TO CHILD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I DO NOT WANT THE FOLLOWING PEOPLE TO PICK UP MY CHILD

(Please supply court order in case of separation or divorce)

	NAME	PHONE	RELATIONSHIP TO CHILD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DATE: _____ Parent/Guardian Signature: _____