

2017 North Zulch Summer Camp Child/Parent information form

Child Information

Name _____ Gender: Male / Female Entering Grade _____

Street Address

City _____ State _____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian

Name _____

Street Address

City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #2

Name _____

Best number to be reached at _____

Relation to child _____

Please list any medical problems, including any required medication (i.e. Diabetic, Asthma, Seizures).

Medical Condition

Required treatment

Is your child currently being treated for an injury or illness or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Please Circle sessions your child will attended. Camp is \$40.

Session 1: 8:00-10:00- Baseball/Softball

Break: 12-1 Lunch (Please Bring Lunch)

Session 2: 10:00-12:00 Basketball

Session 3: 1:00-3:00 Volleyball

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. Parent's/Guardian's Initials _____

Guardian Signature: _____ Date: _____