



CAMP PARTICIPANT information form

Please fill out one form per child. For multiple camp weeks only one form is required.

CHILD INFORMATION

Child's Name: _____

Home Phone: _____

Birthdate (D/M/Y): _____ Age: _____

Child's Address: _____

City/Province: _____ Postal Code: _____

PARENT/GUARDIAN INFORMATION

1. Name: _____

Address: _____

Relationship to child: _____ Cell: _____

2. Name: _____

Address: _____

Relationship to child: _____ Cell: _____

Child resides with: Mother Father Both Other (please list) _____

EMERGENCY CONTACT INFORMATION (Other than parent)

1. Name: _____

Relationship: _____ Contact

Numbers: Home _____ Work _____

Cell _____

Approved Individuals for Child Pick-Up (Photo Identification may be required)

The following individuals are allowed to pick up my child:

1 _____

Phone Number: _____

2 _____

Phone Number: _____

3 _____

Phone Number: _____

4 _____

Phone Number: _____

SELF SIGN IN/OUT AUTHORIZATION

At the end of each day all children must be signed out of camp. Do you authorize your child (9yrs and older) to sign themselves in and out for summer day camps? Yes or No

I understand that upon self-sign out of day camp VolleyGirls is no longer responsible and I release VolleyGirls of any liability and agree to preset a designated meeting place with my child.

Parent/Guardian Signature

_____ Date _____

You authorize VolleyGirls to use any photographs taken of your child while participating in VolleyGirls programs for future promotional materials.

Signature: _____ Date: _____

MEDICAL CONCERNS

The health form is kept confidential and used by VolleyGirls Camp staff or emergency medical personnel if required

Does your child have any illness, learning disability or any medical condition that our staff should be made aware of?

Allergies. Describe reaction and treatment

Is your child on any medication? Please list

Suggestions from parents on behavior management or special needs for your child: _____

Family Doctor's Name: _____ Phone: _____

Medical Statement & Release

In case of emergency or illness, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I agree that in case of an emergency or illness, a qualified medical physician may attend to my child. I hereby certify that the named camper _____ is in good health and fully able to participate in all activities of VolleyGirls Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program.

Parent signature _____ Date _____