

REQUIRED FORM
CAMPER INFORMATION FORM
FALL 2019 & WINTER/SPRING 2020 - CAMP S.T.A.R.

***PLEASE NOTE: A required Camper Information form will need to be completed and on file with the Camp Director before the first day of camp begins for your child.**

PARTICIPANT INFORMATION

Name: _____
Last Name, First Name

Age: _____ Date of Birth: _____ Gender: _____
MM/DD/YYYY

Address: _____
Street, City, Zip Code

Is your child able to swim on his/her own? *(Please circle one)* YES NO

Is your child able to speak and understand English? *(Please circle one)* YES NO

Additional comments from the two questions above: _____

PARENT/GUARDIAN (A) - INFORMATION

Designated as Main Contact and is the only contact allowed to change Camper Information Form.

Name: _____ Relationship *(To Participant)*: _____
Last Name, First Name

Do you have legal custody? *(Please circle one)* YES NO

Cell Phone: _____ Work/Home Phone: _____

Driver's License #: _____ Email: _____

PARENT/GUARDIAN (B) - INFORMATION

Designated as Main Contact and is the only contact allowed to change Camper Information Form.

Name: _____ Relationship *(To Participant)*: _____
Last Name, First Name

Do you have legal custody? *(Please circle one)* YES NO

Cell Phone: _____ Work/Home Phone: _____

Driver's License #: _____ Email: _____

PLEASE SEE NEXT PAGE TO COMPLETE "CAMPER INFORMATION FORM"

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EMERGENCY CONTACTS/ PERMISSION TO PICK UP CHILD
Emergency Contacts: Other than parent/guardian.

EMERGENCY CONTACT #1

Name: _____ Relationship (To Participant): _____
Last Name, First Name

Cell Phone: _____ Work/Home Phone: _____

Driver's License #: _____ Email: _____

EMERGENCY CONTACT #2

Name: _____ Relationship (To Participant): _____
Last Name, First Name

Cell Phone: _____ Work/Home Phone: _____

Driver's License #: _____ Email: _____

MEDICAL INFORMATION

Medications to be administered during program hours: _____

Please list any allergies: _____

Does the participant have any identified special needs, physical, emotional or learning disabilities? If so, please explain: _____

WAIVER

For and in consideration of my/our participation in the programs, membership and activities offered by the City of Allen, I hereby agree to release, acquit, hold harmless, forever discharge and waive any and all claims that I/We may have against the City of Allen, its officials, officers, agents, representatives, employees, and volunteers in whole or in part, in both their private and public capacities (Hereinafter collectively referred to as "releasees") from any and all actions, causes of actions, claims, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in anyway arising out of or connected in any manner with my/our participation in the activities, including, but not limited to, liability, damages, injury (including death). Property damage, legal fees and/or costs caused by or related to any negligent or intentional act of releasee, I further agree pictures taken of me and/or the registrant during the activities may be used by the city for promotional purposes in the activity guide, brochures, flyers, news releases or the city website.

Parent/Guardian: _____ Date: _____

