



Complete one form per camper. Please complete the form in its entirety.
Please place N/A for sections that do not apply for the camper.

Camper's Information

Camper's Name: _____
First Last

Camper's Age: _____ Gender: _____ Shirt Size: _____

Guardian's Information

Guardian's Name (print): _____
First Last

Cell Phone: _____

Emergency Contact Information

If the above camper's guardian is unable to be contacted due to an emergency, the follow names below will be next in line for contact.

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Camper's Medical Information/Medical Release

Allergies:

Dietary Restrictions:

By signing below, I give permission for Magnolia Civic Center to administer medical treatment or contact emergency medical services in the event of a medical emergency.

Guardian's Signature: _____

Camper's Authorized Pick-Up List

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Camper's Secret Word

Secret Word: _____