



**EMERGENCY CONTACT INFORMATION**

These individuals will be contacted if parents/guardian cannot be reached.

**First Emergency Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Second Emergency Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK-UP CAMPER**

The following individuals are authorized to pick-up the above named camper from CCYC (upon verification of photo ID):

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

If any of the following apply to your camper, additional forms will be required. Camp staff will contact you if these are required

- Asthma Inhaler       Epi-pen       History of Seizure       Food Allergy

**CAMPER PERSONAL AND SOCIAL INFORMATION**

We want every camper that comes to have a safe, fun, and enriching experience. We want every camper to feel at home. Is there anything you would like to share with us so we can make sure your camper's experience is spectacular?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL/GUARDIAN SIGNATURE REQUIRED**

Please sign here \_\_\_\_\_ Date \_\_\_\_\_