



Camper 1 Name:	Age:		Male:	Female:	Non-Binary:	
Camper 2 Name:	Age: _	Male:	Female:	Non-Binary:		
Camper 3 Name:	Age:		Male:	Female:	Non-Binary:	
Parent/guardian name (primary):		_ Phone:				
Parent/guardian name (secondary):			_ Phone:			
Emergency contact name:		_ Phone:				
Medical Information:						
Does your child have any medical condi	tions, allergies, or special dieta	ry require	ments?	No: Yes:		
If 'Yes', please provide details below. If	medication, or Epipen© is nece	essary, ple	ase fill i	n the associate	ed forms.	
Pick up Information:						
The parent/guardian of the camper, or a camp, or the Chimo bus stop. Another a lf your child is 10 years, or older, you ca The parent/guardian, or authorized adult	idult can be authorized to pick on the distribution in give permission for them to s	up the can ign thems	nper(s) l elves in	by completing t and out of can	he chart, below. np each day.	
I give permission for my child, who is 10	years of age or older to:					
sign themselves IN, for each da	y of camp. Parent/Guard	ian signatı	ure:		····	
sign themselves OUT, for each	day of camp. Parent/Guard	ian signatı	ure:			
Leaving camp before the end of the day camp early, you must send a written not Children 10 years of age, or younger, misted below, and present photo identific	te advising that your child is au ust be signed out, by a parent	thorized to	leave of	camp early for t	hat specific day.	
Authorized pick up adult's name	Relationship to the camper	Mobile F	hone	Home phone	Work phone	
1						
3						
4						
5						
Parent/Guardian signature:	Date:			····		
Personal information contained on this form determine informed authorization/release for					olely to	

