



SUMMER CAMP INFORMATION FORM

One form per child | Entire form must be complete

CAMPER CONTACT

LAST NAME: _____ FIRST NAME: _____
GENDER: BOY GIRL MEMBER #: _____ DOB: _____ AGE: _____ GRADE: _____
ADDRESS: _____ CITY, ST, ZIP: _____
PARENT'S NAME: _____ EMAIL: _____
HOME PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT

Please list in the order you want us to call in case of an emergency.

	NAME	CONTACT PHONE	RELATIONSHIP TO CAMPER
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

AUTHORIZED PICK-UP

Authorized adults MUST be 18 years or older and show valid ID.

NAME	NAME
_____	_____
_____	_____

MEDICAL INFORMATION

List medical, physical, or behavioral conditions/restrictions we should be aware of: (medications, allergies, injuries, etc)

PHOTO RELEASE

I authorize and allow MVP Sports Clubs and all its entities to use my child's image, likeness, and quotes/comments in any promotional items and events. I understand that my child's, photos, voice, video image and comments may appear in television, radio, or print material for MVP Sports Clubs and all its entities. MVP Sports Clubs reserves the right to use your or your child's, image without notification.

SIGNATURE: X _____ DATE: _____