



MVP Sportsplex

Camper Information Form

_____	_____	_____	_____
Campers' Last Name	First Name	Member #	
_____	_____	_____	_____
Age	Date of Birth	Grade in the Fall	Boy / Girl
_____	_____	_____	_____
Street Address	_____		Home Phone
_____	_____		_____
City, State, Zip	_____		Alternate Phone
_____	_____		_____
Email Address	_____		Alternate Phone
_____	_____		_____

Emergency Phone #'s: (In the order you would like us to call)

Name	Day Phone Number	Relationship to Camper
_____	_____	_____
_____	_____	_____
_____	_____	_____

List everyone (including yourself!) authorized to pick your child up from camp.
PHOTO ID IS REQUIRED AT CHECK OUT!

_____	_____
_____	_____
_____	_____

*Medical or Physical conditions or restrictions staff should be aware of: (medications, allergies, injuries, etc.)
injuries, etc.)

If possible, (& age appropriate) please group my son / daughter with _____

Circle one: First time MVP Camper? Returning MVP Camper

