

EMERGENCY INFORMATION

Athlete Information

First Name _____ Last Name _____

Birth Date _____

Gender Male Female

Street Address _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Parent/Guardian Information

First Name _____ Last Name _____

Home Number _____ Cell Number _____

E-mail _____

Emergency Information

Emergency Contact's

First Name _____ Last Name _____

Home Number _____ Cell Number _____

Relationship to camper _____

Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the athlete prescribed an inhaler? If yes, please explain any instructions.