

Ocean City Morning Sports Summer Camp Emergency Contact Form

	CHILD #1	CHILD #2	CHILD #3
CHILD'S NAME			
BIRTHDATE			

LOCAL ADDRESS: _____

PHONE(S): _____

E-MAIL: _____

PARENT NAME(S): _____

EMERGENCY CONTACTS:

NAME #1: _____ **PHONE:** _____

NAME #2: _____ **PHONE:** _____

MEDICAL CONCERNS:

CHILD #1	CHILD #2	CHILD #3

ALLERGIES:

CHILD #1	CHILD #2	CHILD #3

LIST OF OTHERS THAT MAY PICK UP YOUR CHILD:

1. _____
2. _____

MY CHILD HAS PERMISSION TO:

- _____ walk to/from morning sports (Please initial _____)
- _____ ride their bike to/from morning sports (Please initial _____)