

SIGN LANGUAGE CAMP

Emergency Contact (*Please Print*)

RETURN NO LATER THAN JULY 6, 2018

Camper's Name: _____ Date of Birth: ____/____/____
month day year

Address: _____

City: _____ State: _____ ZIP Code: _____

Health Insurance Carrier: _____

ID Number: _____

Parent/Guardian Name: _____

If parent/guardian is not available, in the event of an emergency, please contact:

CONTACT ONE

Name: _____ Relationship: _____

Work Number: _____ Home Number: _____

Cell Number: _____ Email: _____

CONTACT TWO

Name: _____ Relationship: _____

Work Number: _____ Home Number: _____

Cell Number: _____ Email: _____

Please note that camper attendance will be denied if all their medical forms are not completed and returned by Friday, July 6, 2018.