



Contacts Form - 2012

CAMPERS AND FAMILY INFORMATION

Family Last Name: _____

Camper's Name(s): _____

Camper's Age/Date of Birth: _____

Camper's Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian #1:

Daytime phone: _____

Cell Phone: _____

Email Address: _____

Parent/Guardian #2:

Daytime phone: _____

Cell Phone: _____

Email Address: _____

EMERGENCY CONTACTS' INFORMATION:

Please use the space below to list up to three (3)

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

In addition to the above Parent(s)/Guardian(s), and Emergency Contacts, **I authorize the Adler Center to release my camper(s) to the following people:**

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

Please understand that for the safety of all our campers, your children, we may request proper identification at pick-up.

I, the undersigned, authorize those listed above to pick up my child from Camp Adler.
This release is effective through July 30, 2012.

Signature: _____

Date: _____

For Office Use Only: Date Received: _____ Received By: _____