



## Camper Information and Emergency Contact

Camper's Name - \_\_\_\_\_

Sibling Attending Camp - \_\_\_\_\_

Date of Birth - \_\_\_\_\_

Parent or Guardian contact phone number - \_\_\_\_\_

Additional phone to reach you (cell or work) - \_\_\_\_\_

Address - \_\_\_\_\_

\_\_\_\_\_

Emergency Contact person - \_\_\_\_\_

Emergency contact phone # - \_\_\_\_\_

Relationship to camper - \_\_\_\_\_

Allergies or Special Health Concerns or Considerations - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Information

I release ROCKSHOP of any liability of injury or cost of medical attention. I release ROCKSHOP employees to contact local hospital and get reasonable medical attention for my child, in the unlikely event of an emergency.

Physician's Name - \_\_\_\_\_

Physical Contact Phone # - \_\_\_\_\_

Insurance Company - \_\_\_\_\_

Policy # - \_\_\_\_\_