



# CAMPER INFORMATION SHEET

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Gender (circle one): M F Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Primary Language \_\_\_\_\_

Parent/Legal Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

In case of an emergency, which number should be called first: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

In case of an emergency, which number should be called first: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Camper's Shirt Size (circle one): Small Medium Large X-Large

Does your child need a lifejacket? (circle one): Yes No

Does your child have any allergies, medical/physical conditions, or taking medication on a regular basis?

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_

Please List the ALL the Adults that Your Child **MAY** be Released to:

\_\_\_\_\_

\_\_\_\_\_

Please List adults that your Child **MAY NOT** be Released to:

\_\_\_\_\_

### Participant's Release

The undersigned agree that separately, for themselves, their heirs, executors, and administrators, waive and release any and all rights and claims that may be had, or might rise against the City of Federal Way, its affiliates, sponsors, agents, or representatives for any and all injuries or losses suffered by the said undersigned while competing in or in connection with the program of the said association or agency. The undersigned also agree that they understand and will comply with the established rules set forth by the City of Federal Way which govern participation in the above mentioned class or activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date