



MWBC, February 19-22, 2019 Data Form

Please complete the information below about your child who will participate in DPR's Mid-Winter Camp, "A Midwinter Camp's Dream", scheduled for Tuesday, February 19-Friday, February 22, 2019 from 9am-5pm daily.

Participant's Name: _____ Date of Birth: _____
 Address: _____ Age: _____
 City/State/ZIP: _____ Child's
 Email: _____ Mobile Phone: _____
 School: _____ Grade: _____

Parent/Legal Guardian's Name: _____
 Address: _____ Home Phone: _____
 Check if same as above
 City/State/ZIP: _____ Work Phone: _____
 Email: _____ Mobile Phone: _____

Please list any illnesses, allergies, or conditions that may interfere with child's participation in Fun Day:

Please list an additional adult who may pick up your child (Identification will be checked):

Name: _____ Phone Number: _____

- Check if your child has permission to walk home.
- Check if your child DOES NOT have permission to walk home.

 Parent/Legal Guardian (print) Parent/Legal Guardian SIGNATURE Date

Emergency Contact Name(s) and Phone Number(s): _____

By checking here, I **understand that** and **authorize** any Participant's words, work products, and/or likeness (including photographs), to describe, evaluate, promote, and publicize DPR programs may be used by the agency.