



SBC, March 26-30, 2018

Data Form

Please complete the information below about your child who will participate in DPR's Spring Break Camp, scheduled for Monday, March 26-Friday, March 30, 2018 from 9am-5pm daily.

Participant's Name: _____ Date of Birth: _____

Address: _____ Age: _____

City/State/ZIP: _____

Email: _____ Child's 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 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.