



Summer Camp 2023 Data Form

Please complete the information below for your child that is participating in DPR's 2023 Summer Camps.

Participant's Name: _____ Date of Birth: _____

Address: _____ Age: _____

City/State/ZIP: _____

Parent/Legal Guardian's Name: _____

Check if same as above

Address: _____ Home Phone: _____

City/State/ZIP: _____ Work Phone: _____

Email: _____ Mobile Phone: _____

Please list any illnesses, allergies, or conditions that may impact or interfere with your child's participation in camp:

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. (CHILD MUST BE 12 YEARS OF AGE)

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

Parent/Legal Guardian (print)

Parent/Legal Guardian (sign)

Date

Add'l Emergency Contact Name(s) and Phone Number(s): _____

By checking here, I **understand that** and **authorize** 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.