



## DPR Summer Camp 2024 Data Form

Please complete the information below about your child who will participate in DPR's 2024 Summer Camps.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

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 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 (*MUST BE 12 YEARS OR OLDER*).

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

\_\_\_\_\_  
Parent/Legal Guardian (print)                      Parent/Legal Guardian SIGNATURE                      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