

Mission Oaks Recreation and Park District

EMERGENCY FORM

Select All Programs that Apply:

- HYPE
 Camp Kids
 Camp Have-A-Lot-of-Fun
 Incredible Adventures
 Presidents' Break Camp
 Spring Break Camp
 Turkey Day Camp
 Winter Camp

Name	Sex	Date of Birth	Age	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address _____ City _____ Zip Code _____

Guardian _____ Relationship _____ Phone # _____

Guardian _____ Relationship _____ Phone # _____

Physician Name _____ Physician # _____

Hospital and Location _____

Does Camper(s) have any medical issues or special needs staff should know about? **Y** **N**

If YES, Please Explain: _____

EMERGENCY INFORMATION

IF GUARDIAN CANNOT BE REACHED FIRST, THEN NOTIFY EMERGENCY CONTACT PERSON:

NAME _____ Day Phone # _____ Cell# _____

RELATIONSHIP TO CAMPER _____

NAME _____ Day Phone # _____ Cell# _____

RELATIONSHIP TO CAMPER _____

FOR ADMINISTRATIVE USE ONLY:

Site(s) _____ Date Completed _____

Mission Oaks Recreation and Park District

Camper Request (CHALOF ONLY)

List any campers that you would like your child placed with during any of the camp sessions.
(We do not guarantee that requests will be accommodated. See "Guide")
