

VAN BUREN YOUTH CAMP

CAMPER & PARENT INFO

"Authorized person" means an adult (grandparent, guardian, etc.) designated to sign-in or sign-out camper.

Camper's Name (Last)		First	Middle	Gender	Date of Birth
Address		City		State	Zip
Phone (Home)	Phone (Work)		Phone (Emergency)		
1. Parent's Name			Phone (Home)	Phone (Cell)	
Address		City		State	Zip
Non-Home Location (Work, School, etc.)			Hours	Phone (Work)	
2. Parent's Name			Phone (Home)	Phone (Cell)	
Address		City		State	Zip
Non-Home Location (Work, School, etc.)			Hours	Phone (Work)	
Authorized Person's Name <i>(If Parent is NOT Signing-In or Signing-Out)</i>			Phone (Home)	Phone (Cell)	
Address		City		State	Zip
Non-Home Location (Employer, School, etc.)			Hours	Phone (Work)	

EMERGENCY CONTACT WHEN PARENT IS NOT AVAILABLE

Name		Phone (Home)	Phone (Cell)
Address		City	State Zip
Non-Home Location (Work, School, etc.)		Hours	Phone (Work)

NAMES OF PERSONS, OTHER THAN PARENT, TO WHOM CAMPER MAY BE RELEASED

1.	3.
2.	4.

I have an understanding of the program in which my child will be participating during their stay at *Van Buren Youth Camp*.
I give my consent for my child to participate in all camp programs, EXCEPT for the items checked below:

- | | | | |
|-----------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Song and Dance | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Camper's Picture to be used for Publication |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Archery | <input type="checkbox"/> Riflery | |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Sports | <input type="checkbox"/> Initiatives (Low Ropes) | |

I hereby Give my permission to Van Buren Youth Camp for my child to be transported in a vehicle and/or participate in field trips.

Authorized Person's Signature

X

Date

Sign In	Authorized Person's Signature	Date	Time
Sign Out	Authorized Person's Signature	Date	Time

X

X