

SUPPLEMENTAL INFO. FORM

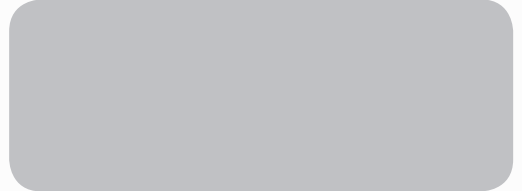
This form should be completed by the camper's legal guardians and returned within two weeks. Information provided is confidential and will be shared with counselors and instructors on a need to know basis.

Please indicate your child's session:

- Full Season
- First Session
- Second Session
- Mini Session I
- Mini Session II

Office Use Only, Please

- Nurse
- Counselor
- Instructor
- Camp Director



Camper _____

If you have not already done so, please send us a recent photo of your child.

Parents or Guardians living in the same household:

Name _____

Occupation _____ Company Name _____

Name _____

Occupation _____ Company Name _____

Parent or Guardian living in another household:

Name _____

Occupation _____ Company Name _____

If you would like to grant permission for any other adults to pick up your child from camp at any time (i.e. family Visiting Day, Intersession, or the end of camp) please list their names below and sign this form. Anyone not listed on this form will be unable to pick up your child without your written signed permission. To ensure your child's safety, visitors should be prepared to show identification.

Parent/Legal Guardian Signature _____ Date _____

