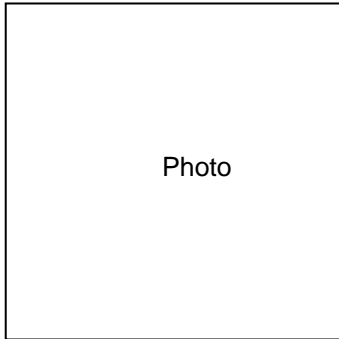


YWCA CAMP FUNKIST SUMMER 2008

515 North Street White Plains, NY 10605 (914) 949-6227 x168 www.ywcawhiteplains.com

Where summer fun begins...

Camper Last Name: _____ First Name: _____



GENERAL INFORMATION

If there are any changes to this information once camp starts, please inform us immediately in writing.

Camper Birth Date: _____

Home Address: _____

Home Phone: _____

Guardian's Name: _____ Work Tel. _____ Cell _____

Guardian's Name: _____ Work Tel. _____ Cell _____

If guardian can not be reached list contact numbers to be used below.

PICK UP AUTHORIZATION & EMERGENCY CONTACTS

The YWCA will only allow authorized individuals 18 years or older to pick up your child. If there are any custody arrangements, they should be reported to the Camp Director (with court documentation if applicable).

Please list the individuals who should be called in an emergency and identify those who are allowed to pick up your child below:

Emergency Contact #1 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____ Alternate Tel. _____

Authorized to pick up: (circle one) YES NO

Emergency Contact #2 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____ Alternate Tel. _____

Authorized to pick up: (circle one) YES NO

Emergency Contact #3 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____ Alternate Tel. _____

Authorized to pick up: (circle one) YES NO

I understand that if another person is to pick up my child, other than those identified below, I will give written permission to the Camp Director. I also understand that proper ID is required to pick up my child.

Signature

Date

