

# Family Information

*Please complete both sides of this form!*

What is the **primary** telephone number we should call to reach you during camp? \_\_\_\_\_  
This is the phone number we will call if we need to contact someone.  
When possible, additional numbers provided will also be attempted.

Camper(s) Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Fall 2011 Grade \_\_\_\_\_ School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Fall 2011 Grade \_\_\_\_\_ School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is the camper a member?(y or n) \_\_\_\_\_ Membership type:  Student  Family Exp. Date \_\_\_\_\_

**T-Shirts: 1 free per camper**  
Sizes: Youth: YS YM YL YXL  
Adult: AXS AS AM AL AXL

**Parent/Guardian #1 Name** \_\_\_\_\_

**Parent/Guardian #2 Name** \_\_\_\_\_

Home Phone number \_\_\_\_\_

Home Phone number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Place Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Emergency Contact Name/Phone number \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

Any Known Allergies \_\_\_\_\_

**Check here if your child has anaphylactic reactions to food.** CCArts will contact you before camp begins.

Any known medical conditions \_\_\_\_\_

Any special needs staff should be aware of \_\_\_\_\_

I (Parent/guardian), \_\_\_\_\_ of child(ren) \_\_\_\_\_, hereby authorize emergency medical treatment of my child in the event I cannot be contacted to give permission for treatment. I understand that I will be responsible for the cost of such treatment. I have also read and understood SAGO Policies listed on page 12 of this brochure and discussed them with my child(ren).

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized pick-up people** (other than Parent #1 and Parent #2) and their phone numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Payment Information:  Check  VISA  MC  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

By signing this agreement, I agree that I have read the registration brochure and agree to the terms and policies therein. While all reasonable precautions have been taken, I understand that CCArts is not responsible for typographical errors with regard to registration, schedule and pricing information in this brochure.

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