

Philcrest Summer Tennis Camp – Emergency Contact Information

Name of Camper (First, Last)		
Date of Birth (Month/Day/ Year)		
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box below.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Medical Information		
Primary Medical Care Provider		Phone
Health Concerns (Please Explain)		
Allergies		

Signature of Parent/Guardian

Date