

EMERGENCY INFORMATION		
CHILD'S NAME:		
Parent's Name	Cell/Home #	Work #
Parent's Name	Cell/Home #	Work #
Emergency contact – <u>NOT PARENT</u>	Cell/Home #	Work #
Child's Physician & Phone #	Care Card/Personal Health Number:	
Allergies/Medical Conditions/ Medications:		
<p align="center"><b><u>July Camps</u></b></p> <input type="checkbox"/> Where the Wild things Are <input type="checkbox"/> Golf Camp	<p align="center"><b><u>August Camps</u></b></p> <input type="checkbox"/> Crush It Conditioning Camp <input type="checkbox"/> Soccer <input type="checkbox"/> Golf Camp	

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

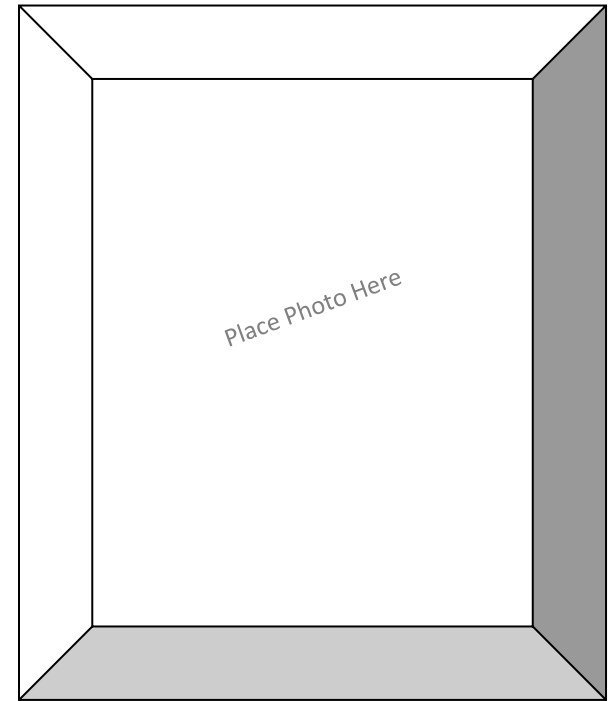
Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Date Picture was taken: \_\_\_\_\_



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