

CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth: _____	Age: _____
Name you prefer to be called (if different): _____		
Name of School: _____	Grade: _____	
T-Shirt Size (check one) Youth: <input type="checkbox"/> XS <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG		
Adult: <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Name of Parent/Guardian/Primary Contact: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Best way to contact you? (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell Email: _____		

EMERGENCY CONTACTS (Please provide two additional people, different from the parent or guardian listed above, who would automatically be the first person we contact).

First Contact's Name: _____

Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Second Contact's Name: _____

Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Health Care Provider: _____ Phone: _____

Dentist: _____ Phone: _____

ALLERGIES / MEDICAL CONCERNS / MEDICATIONS (attach additional information if needed):

SAFETY INFORMATION (Please list all known conditions so we can accommodate your camper's needs):

Does your child have any behavioral or emotional issues the staff should know about?

Is your camper taking any medications to treat these conditions?

Please review the following and initial, sign and date below to indicate your permission:

_____ **Medical Release and Release of Liability:** I authorize the staff and volunteers of Victorious Pathways to provide basic first aid or to call additional medical care on my child's behalf in the event of an emergency if I cannot be reached or when delay would be dangerous to my child's health. I further agree to release the Victorious Pathways and their staff and volunteers from any liability connected with my child's participation in the summer camp program.

_____ **Camp Walking Field Trips:** I authorize the staff and volunteers of the Victorious Pathways to take my child on walking field trips in the immediate vicinity of the summer camp location.

_____ **Photo Release:** I authorize the Victorious Pathways staff members to take photographs and / or videos of my child while participating in Victorious Pathways programs. I understand that Victorious Pathways may use these photographs and videos for internal and external purposes including (but not limited to) press releases, websites, and publications.

Parent/Guardian Signature: _____ Date: _____