

# INFORMATION CARD FFG SUMMER CAMP 2019

Childs Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt: \_\_\_\_\_

## Medical Information:

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Circle one: Mom Dad Other: \_\_\_\_\_

Name: \_\_\_\_\_

Best way to contact: (circle one) Phone Email

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Circle one: Mom Dad Other: \_\_\_\_\_

Name: \_\_\_\_\_

Best way to contact: (circle one) Phone Email

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Camper Lives with: Mom Dad Other: \_\_\_\_\_

In the event of an emergency, the three following individuals will be contacted if the parents are unavailable. The child may also be signed out and released to the following individuals:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Flip Force Gymnastics has my permission to use photographs taken at summer camp for advertising purposes.

[ ] YES [ ] NO

Parent Signature:

I give the staff at Flip Force Gymnastics permission to apply sunscreen to my child. Sunscreen should be dropped off to the summer camp director the first day that the child attends camp.

[ ] YES [ ] NO

Date: