

Neptune City Summer Recreation

Last Name: _____ First Name _____

Age: _____ Grade: _____

Address: _____

Phone: _____

Emergency/Medical Information

Parent/Guardian Name _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Name _____

Cell Phone: _____ Work Phone: _____

Please list two people to notify in case of an emergency where neither parent/guardian is available:

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Adults who may pick-up camper (with identification):

Name: _____

Name: _____

List ANY special needs we should be aware of:

Activity Restrictions or Precautions:

Allergies: _____

