Youth Specialty Camps Registration Form

Code	Class Name	Date	Time	Participants Name	Age

Emergency Contact Form

Child Name:	**Parents Names:**
Home Phone:	**Work Phone:**
Emergency Contact:	**Contact Number:**
Second Contact:	**Contact Number:**
Doctors Name:	**Doctors Number:**
Is your child allergic to anything?	**If so, what?**
Does your child have any medical conditions we should know about?	**If so, what?**
Is your child currently taking any medications?	**If so, what?**
Will your child need to take this medication during sports camp?	

It is important that your child when swimming and playing outside wear sun block. Although sun block is not provided by MAC, we feel that it is important for the well being of your child and therefore encourage you to send sun block with your child to camp. If it is okay for a MAC sports counselor to help your child when putting on sun block we ask that you sign this permission slip. If you choose not to sign this permission slip your child will be responsible for putting on their own sun block.

Child's Name_____Child's Age_____
Parents Signature_____Date_____
Member Number_____
Email Address_____

Office Use Only
Camp Register Initials ___ ___
Date Registered
— — — —

☐ **Confirmed**
☐ **Not Confirmed**