

PLYMOUTH PARKS & RECREATION SUMMER CAMP 2026 EMERGENCY CONTACT FORM

Registrant's Name: _____

Home Address: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Insurance Company Name: _____

Emergency Contact Name: _____

Other than listed above

Emergency Contact Phone: _____

Information for Staff – Allergies, Medications, Behavior Issues, Illnesses...

Individuals other than Parent/Guardian listed above who are authorized to pick up camper from camp:

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____