

PLYMOUTH PARKS & RECREATION

SUMMER 2021 EMERGENCY FORM

Registrant's Name & DOB: _____

Home Address & Phone: _____

Parent/Guardian Name: _____

Email Address & Phone #: _____

Parent/Guardian Name: _____

Email Address & Phone: _____

Emergency Contact Name: _____

Phone #: _____

Insurance Company & ID No.: _____

Important information for staff- allergies, medications, behavior issues, illnesses, etc.:

Individuals, other than parents/guardians authorized for pick up from the camp (Reminder: An adult must be listed on this form and provide photo identification to pick up your child):

Date: _____

(Parent/Guardian SIGNATURE)

(Parent/Guardian PRINTED NAME)