

CAMPER INFORMATION

Highlighted areas MUST be completed.

CAMPER NAME: _____

State regulations require the camper information and camper health history forms for each camper. Campers cannot be admitted to camp without these forms completed fully.

CONTACT INFORMATION: State regulations require we have parental contact information and at least one emergency contact person.

PARENT OR LEGAL GUARDIAN

Name: _____

Relationship to camper: _____

Home: _____

Work: _____

Cell: _____

Email: _____

SECOND PARENT/GUARDIAN OR EMERGENCY CONTACT

Name: _____

Relationship to camper: _____

Home: _____

Work: _____

Cell: _____

Email: _____

ADDITIONAL CONTACT IN THE EVENT PARENT/GUARDIAN CANNOT BE REACHED

Name: _____

Relationship to camper: _____

Home: _____

Work: _____

Cell: _____

Email: _____

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