

EMERGENCY HOME CONTACT

PLAST CAMP

East Chatham, NY

Please Print Clearly

Camper's Name _____ Height _____

Home Address _____ Weight _____

_____ Eye Color _____

Home Phone _____ Hair Color _____

Parent's Names _____

Address during child's stay at camp _____

Phone _____ Cell Phone _____

Work Phone: Mother _____ Father _____

E-Mail Address _____

ATTACH THIS
SIZE
PHOTOGRAPH
OF CAMPER
HERE.

PERSON TO BE CONTACTED IN CASE OF EMERGENCY (List in order of priority)

1. Name _____	Relationship to camper _____	
Day Phone () _____	Evening Phone () _____	Cell Phone () _____
2. Name _____	Relationship to camper _____	
Day Phone () _____	Evening Phone () _____	Cell Phone () _____
3. Name _____	Relationship to camper _____	
Day Phone () _____	Evening Phone () _____	Cell Phone () _____

If the above information should change, I will notify the camp in writing.



Signature of Parent or Guardian

Date

PARENTS' AUTHORIZATION FOR FIELD TRIPS

I am aware that the camp program may include several field trips and that these field trips may involve any or all of the following activities: Crossing state boundaries, travel by bus, swimming and overnight stay outside of Plast Camp property (this last item applies only to children in the older "unak" camps). Understanding the above, I hereby give my child permission to participate in these field trips.



Signature of Parent or Guardian

Date