

LEE COUNTY PARKS & RECREATION

Camp Participant Supplemental Information and Behavior Contract

(Must be returned to the camp site before the first day of camp)



1. Camper's Name: _____ Birthdate: _____
 2. Camper's Name: _____ Birthdate: _____
 3. Camper's Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian (1) Name: _____ Relation to Camper(s): _____

Daytime/Work Phone # _____ Cell Phone # _____ Home phone # _____

Parent/Guardian (2) Name: _____ Relation to Camper(s): _____

Daytime/Work Phone # _____ Cell Phone # _____ Home phone # _____

Please list all other persons authorized to pick up camper(s):

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Check here if requesting program accommodation, modification or inclusion services and you will be contacted by the ADA Coordinator.

Help us keep your child(ren) safe by checking EACH statement below and adding details as necessary:

Camper's Name:	Details
Camper knows how to swim. If no, list child(ren) names:	
Camper has allergies (including food, environmental allergies). If yes, list name and detailed information:	
Camper is taking any medication (prescription or otherwise). If yes, list child(ren) name:	If yes, additional paperwork is required.
Additional information we should or need to be aware of, please list all pertinent information:	
Camper is permitted to walk/ride bike home.	(TEENS ONLY) If yes, what time?

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Signature of Parent or Guardian

Date

Staff Use:
Date Reviewed _____
Staff Initials _____

