



Camper Record

Name _____
Nickname _____ Age _____ Birthday _____
Address _____
City _____ State _____ Zip _____
Telephone: _____ Email: _____

If under 18:
Parents/Guardian _____
Address _____
Phone (Day) _____ Phone (Night) _____
Cell _____

In case of emergency contact:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Please list medications and vaccines:

If under 18:
Only release this camper to the following adults

_____, _____,
_____, _____,

Parental or guardian permission is required:

I give my permission for _____ to attend and
participate in the DARA After School program for the days they have signed up for.

If your camper has special needs, limitations, need for adaptations, behavioral
considerations, or medication, please request the Safety Form from the DARA
office.

Parent / Guardian Relationship _____