

# Martial Way Summer Camp

## PARTICIPANT PROFILE FORM



### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### AUTHORIZED PICK-UP CONTACTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

I authorize the individuals listed above to pick up my child from Martial Way Summer Camp

Parent / Guardian (Print): \_\_\_\_\_

Parent / Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

### MEDICAL CONDITIONS / SPECIAL CONSIDERATIONS (e.g. meds, allergies, etc)

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