



AUTHORIZED PICK-UP & EMERGENCY CONTACTS

Participant Name:

Date of Birth:

Age:

Gender:

Emergency Contact Information:

Please list a minimum of 4 Emergency Contacts. Specify the first & last name of contact, contact telephone number, and relationship to participant.

1.

2.

3.

4.

5.

6.

Authorized Pick-up Contacts:

Please specify the first & last name of contact, contact telephone number, and relationship to participant.

Note: Participant will only be released to the contacts outlined below. If you have signed the Walker Permission & Waiver and are giving participant consent to leave the camp site unattended, please leave this section blank.

1.

2.

3.

4.

5.

6.