



73 East Valley Brook Road
Long Valley, NJ 07853
Phone: (908) 876-3429

EMERGENCY CONTACT & CAMPER RELEASE FORM

Please print the information on this form and return *one form per camp family* by April 30, 2010.
NO CAMPER CAN ATTEND CAMP PRIOR TO THE RETURN OF THIS FORM!

Family Last Name: _____

Campers' First Names: _____

Parent / Guardian Names: _____

Home Phone: (____) _____ - _____

Dad Work: (____) _____ - _____

Mom Work: (____) _____ - _____

Dad Cell: (____) _____ - _____

Mom Cell: (____) _____ - _____

Family E-mail for Weekly Newsletters and Announcements: _____

CAMPER RELEASE

I hereby grant permission to allow my child to enter my house without necessarily seeing an adult: Yes No
(Please circle one if child rides a bus)

EMERGENCY PHONE NUMBER:

Please provide one phone number where we can reach someone or leave a message **during camp hours**. In case of a situation that affects the entire camp, we will be using an automated calling system and therefore cannot accept numbers with extensions.

Phone: (____) _____ - _____ Name: _____ Relationship: _____

EMERGENCY CONTACTS:

The following two people can be contacted and would be available in case of emergency. Additionally, they have my permission to pick-up my child from camp and/or from my child's bus stop.

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DAYTIME PHONE</u>
_____	_____	(h) _____
_____	_____	(c) _____
_____	_____	(h) _____
_____	_____	(c) _____

Additionally, the following individuals are authorized to pick-up my child from camp and/or my child's bus stop.
(Please Print):

Parent's Signature _____ Date _____

(THIS FORM MUST BE SIGNED BY A PARENT)