Junior Sports Camp Emergency Contact Information

Camper Information Camper Name Date of Birth Camp Group/Team **Primary Emergency Contact** Name Relationship Phone Number Alternate Phone Email **Secondary Emergency Contact** Name Relationship Phone Number Alternate Phone Email **Medical Information** Allergies / Medical Conditions

Current Medications

Physician Name & Phone	
Health Insurance Provider & Policy#	
Tiodian insulation i Tovidor d'i Olioy II	
Other Notes	
Additional Information	