



Performing Arts Camp at Holstein Park Emergency Form

Participant Information

Participant Name	M/F	Age	Special needs/allergies

Parent Information

Name _____ Relationship _____

Address _____

Phone numbers—please indicate where you can best be reached during the day:

Home _____

Work _____

Cell _____

Name _____ Relationship _____

Address _____

Phone numbers—please indicate where you can best be reached during the day:

Home _____

Work _____

Cell _____

Additional emergency contact:

Name _____ Relationship _____

Phone number _____