

## Camper's Information

June 26 - June 30 July 10 - July 14 Aug. 7 - Aug. 11	
CAMPER'S NAME:	NICKNAME(s):
AGE: GRADE IN THE FALL: SC	CHOOL:
PARENT'S NAMES:	
CELL PHONE(s):	
HOME ADDRESS:	
Will you be the primary emergency contact(s) durin	
EMERGENCY CONTACT:	PHONE:
If anyone else is picking your child up from camp, you must tell the councilors at morning drop-off or contact us during the day.	
DIETARY RESTRICTIONS:	
ALLERGIES:	EPI PEN:
MEDICAL CONDITIONS:	
OTHER THINGS WE NEED TO KNOW:	
assume no responsibility for injuries or illnesses whi result of physical condition resulting from participat of any equipment, exercise or any other activities or any and all injuries and illnesses, which may result f	t Tumble Brook Country Club and Future Now, Inc. ich I or any member of my family may sustain as a tion in any athletic activities, sports program, the use programs. I acknowledge that I assume the risk for rom my or my family's participation in these Brook Country Club, its agents, and employees from damage, which I, or any member of my family may n these activitiesInitial
obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting TBCC programs.	
Please do not share any photos, film footage or recordings of myself or my family Initial	

Camp Dates. Check All That Apply