

CAMPER CONSENT FORM
PICK UP/DROP OFF INFORMATION

Camper's Name _____

I _____, am the (circle one: parent guardian) of the above mentioned child and I give said child permission to attend and participate in all activities at the Norm Roberts St. John's Basketball Camp. Signature _____ Date _____

Persons who are authorized to pick up and drop off the above camper(s)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

My child will be taking public transportation

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Cell _____

Work Phone _____ Other _____

Name _____ Relationship _____

Home Phone _____ Cell _____

Work Phone _____ Other _____