

# EMERGENCY CONTACT FORM for CAMP CENTRAL

Flips-n-Flops Gymnastics

Halau Hula 'O Kupukalau'ie'ie  
5327 Jacuzzi Street, Richmond, CA 94804 510-524-1939

The Painter's Pot

One form per Camper

## CAMPER'S INFORMATION

Last Name	First Name	Gender
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Pick up Time Each Day	Monday	Tuesday	Wednesday	Thursday	Friday
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Guardian E-mail Address
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## PARENT/LEGAL GUARDIAN INFORMATION 1:

Last Name	First Name	Relationship
Street Address	City, State	Zip
Home Number	Cell Number	Work Number

## PARENT/LEGAL GUARDIAN INFORMATION 2:

Last Name	First Name	Relationship
Street Address	City, State	Zip
Home Number	Cell Number	Work Number

## EMERGENCY CONTACT 1:

Last Name	First Name	Relationship
Street Address	City, State	Zip
Home Number	Cell Number	Work Number

## EMERGENCY CONTACT 2:

Last Name	First Name	Relationship
Street Address	City, State	Zip
Home Number	Cell Number	Work Number

Please provide all relative information regarding allergies, illnesses, injuries or medications regarding your camper.
