

Tri- Masters Sports EMERGENCY FORM

Dear parents:

There are occasions when it is necessary for us to reach you. Your child may be ill or may have been injured while in the care of Tri- Masters Sports Camp.

It is a good plan to make arrangements with a neighbor or friend if you are both employed, and someone is not typically home during the day. Please be sure that this person is willing and able to take responsibility for the care of your child.

Please help us establish an emergency phone number list by filling in the following information.

THIS FORM MUST BE RETURNED ON THE FIRST DAY OF CAMP!

Child(s) name: _____

Address: _____ Phone #: _____

Father's name: _____ Work #: _____

Mother's name: _____ Work #: _____

Father's cell #: _____ Mother's cell #: _____

(F) E-Mail: _____ (M) E-Mail: _____

Names of one or two adults who will assume responsibility for child if parents cannot be reached:

1. Name: _____ Address: _____

(H) Phone #: _____ (C) _____

2. Name: _____ Address: _____

(H) Phone #: _____ (C) Phone: _____

Special health condition, if any: Explain:

If transportation is needed for our child in case of illness or injury, we agree that in case of an emergency, my child will be transported by ambulance to the nearest hospital.

Parent's Signature: _____