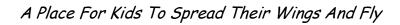


RSVP Form

Child's Full Name:				
Child's Preferred Nickname:			_	
Gender: ☐ Male ☐ Fe	male			
Child's Language(s): ☐ English	n □ Spai	nish 🛘 Other:		
Date of Birth:	_	chool Grade (2023-24): _		
Address:			_ Apt. #:	
			_	
Home Phone Number:		Best Time to	Call:	
Parent's Cell Phone Number: Best Time to Call:				
Parent's Email:				
Preferred method of contact: ☐ Email ☐ Phone				
Siblings or other family members attending camp:				
Name	Age	Relationship (brother, s	ister, etc.)	
********* Please answer the follo	wing ques	tions as thoroughly as po	ossible. *******	
1. What activities, sports, hobbie	es, does yo	our son/daughter enjoy?		

2. Are there any specific behavioral concerns that you have for your child?

Parent Permission





CHILD'S NAME:
I have read the camp information and give my child,
I give permission for my child to be treated in case of illness or emergency, at the direction of the camp directors and camp physician, and understand that I will be notified in an emergency situation. He/she may be transported by the car designated by the camp director for emergency purposes. I understand that Camp Phoenix is not responsible for medical costs and my insurance will be billed for emergency treatment.
I acknowledge that participation in camp involves inherent risk of physical injury, and I agree to assume all such risks for and on behalf of my child. I further agree that by allowing my child to participate in camp, I hereby release and forever discharge Camp Phoenix, Weill Cornell Medical College and Cornell University, their members individually, and their officers, agents and employees, of any and all claims, demands, rights and causes of action, of whatever kind or nature, arising from and by reason of any and all, known and unknown, foreseen and unforeseen, bodily and personal, injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with camp.
I agree that any pictures taken of my child at camp may be used to promote Camp Phoenix.
Parent/Guardian Signature:
Date:



Camper Pickup Form

My child,	_, has permission to be released to
Camp Phoenix.	(Adult's name), upon returning from
NOTE: The person picking up your child to be released to them.	d MUST have a photo ID in order for your
Signature of Adult Picking Up Camper: Date:	
Relationship to Camper:	
Signature of Parent of Legal Guardian:	