

RSVP Form

Child's Full Name: _____

Child's Preferred Nickname: _____

Gender: Male Female

Child's Language(s): English Spanish Other: _____

Date of Birth: _____ School 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, sister, etc.)

***** *Please answer the following questions as thoroughly as possible.* *****

1. What activities, sports, hobbies, does your 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, _____, permission to attend and participate in all phases of activities. I understand and agree that he/she is required to comply with all camp regulations and safety standards. Failure to comply with the camp regulations and safety standards can result in disciplinary action, up to and including dismissal from the camp, as per the camp's Behavior Agreement (enclosed with this packet).

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
_____ (Adult's name), upon returning from
Camp Phoenix.

NOTE: The person picking up your child MUST have a photo ID in order for your child to be released to them.

Signature of Adult Picking Up Camper: _____

Date: _____

Relationship to Camper: _____

Signature of Parent of Legal Guardian: _____

Date: _____