

CAPE CARTERET AQUATIC & WELLNESS

300 TAYLOR NOTION RD.  
CAPE CARTERET, NC 28584 252.393.1000

SUMMER CAMP

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Allergies \_\_\_\_\_

*\*Please explain signs and symptoms of reaction\**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

CHILD PICK-UP INFORMATION

Please list below the people who have **\*permission\*** to pick up your child.

**Note:** Anyone picking up your child must have a picture ID.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

PLEASE PROVIDE US WITH ANY ADDITIONAL MEDICAL OR SPECIAL NEEDS YOUR CHILD MAY HAVE