



19088 BROWNSVILLE ROAD | CASSOPOLIS MI 49031

CAMPER RECORDS

Name _____

Nickname _____ Age ____

Address _____

Telephone _____ Email: _____

If under 18: Parents/Guardian _____

Address _____

Telephone (Day) _____ Phone (Night) _____

Cell _____ Email _____

In case of emergency contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Health insurance information:

Insurance Company _____

Policy Holder's Name _____ Policy Group Number _____

Family Physician _____ Telephone _____

If under 18: Only release this camper to the following adults: _____

Parental or guardian permission is required: I give my permission for _____

to attend and participate in _____ Camp to be held from

_____ to _____ at Camp Wagner. Please list special needs, limitations, ad-

aptation: (write additional comments on back) Please list any special behavioral considerations and how

they are handled: _____
