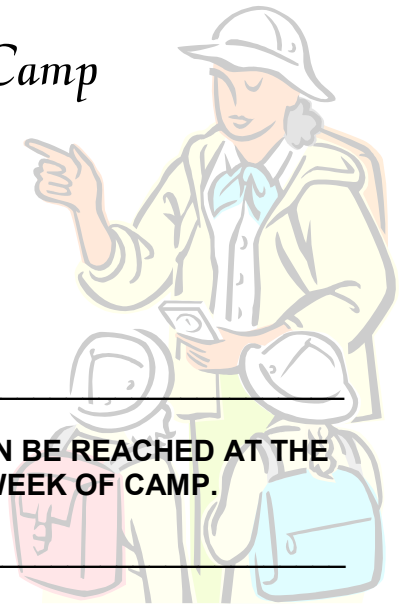


California Fair Play Asthma Camp  
Kid's Play Camp

Camper Emergency Information



Camper's Full Name: \_\_\_\_\_

**IN CASE OF EMERGENCY OR DISCIPLINARY PROBLEM, I CAN BE REACHED AT THE FOLLOWING NUMBER AND ADDRESS DURING THE WEEK OF CAMP.**

Parent or Guardian name (print): \_\_\_\_\_

Address during camp week: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (day): \_\_\_\_\_ (Eve): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

IF I AM NOT AVAILABLE PLEASE CONTACT: \_\_\_\_\_

Phone number (day): \_\_\_\_\_ Eve: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

***I will be picking my child up after camp at:***

**George Sims Community Center  
6207 Logan Street  
Sacramento, CA 95824**

*My child has my permission to ride home with:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_