



PERSONAL DATA & EMERGENCY CONTACT FORM

Required prior to Camp/Class/Workshop

CHILD(REN)'S INFORMATION

First Name	Last Name	Sex	Age	Date of Birth (M/D/YY)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION

Name(s) _____ Email(s) _____

Primary Emergency Phone _____ Secondary Phone _____

HEALTH AND EMERGENCY INFORMATION

Preferred Emergency Treatment Facility _____

I do hereby give my consent to Washington Pavilion Management Inc. for my child(ren) to receive medical or surgical aid as may be necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when a parent or guardian cannot be reached. Consent is also given for Washington Pavilion Management Inc. or a duly appointed representative to transport my child for emergency medical treatment if a parent or guardian cannot be reached.

ALLERGIES or MEDICAL CONDITIONS

CHILD(REN)

_____	_____
_____	_____
_____	_____

No allergies or medical conditions

PERMISSION FOR SELF CHECK-OUT (only for ages 11 and above)

- YES, _____ is/are at least 11 years old and has permission to check himself/herself out of Camps, Classes, and Workshops at the Washington Pavilion.
- NO, my child does not have permission to self check-out.

MEDIA RELEASE

I give permission for the Washington Pavilion to use my child(ren)'s names, photographs and interviews for future publications, promotional materials (print and online) or educational materials.

YES NO

SIGNATURE

By signing below, I certify that all information provided on this form is accurate.

Parent/Guardian Signature

Date