



Summer Camp 2010 Emergency Contact Form

Name of Camp _____ Session Dates _____

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Names of Parents/Guardians: _____

Telephone: *(Please provide numbers at which you can be contacted during the hours that the student is at BlackRock Center.)*

Work: _____ Cell: _____ Home: _____

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Are there custody issues of which we should be aware? _____ Yes _____ No.

If yes, please provide pertinent information on the reverse of this form

Is the participant the dependent of a military serviceperson that receives care at a military hospital? _____ Yes _____ No.

If yes, please indicate the facility to which the dependent is to be transported in case of a medical emergency: _____.

In the event that you cannot be reached, please list two alternate adult contacts that have your permission to pick up your child/ children. (Provide their telephone numbers, including cell, pager and work numbers: **A \$10 fee will be charged to you for late pick-ups.** If you have an emergency and cannot pick up your child, please notify the director at 240-912-1053.

Call first: Name: _____ Relationship: _____

Phone Numbers: _____

Call second: Name: _____ Relationship: _____

Phone Numbers: _____

List participant's current medication(s) and any medical conditions, including allergies: **NOTE: BlackRock staff will not administer any form of medication.** If a participant requires medication(s), please list it/them here and have the participant bring it/them to class:

While BlackRock Center for the Arts and its instructors make every effort to provide a safe learning environment. I understand that there is always the risk of an accident. I will be responsible for any medical or other costs incurred resulting from illness and/or claims or damages arising out of personal injury of any kind. In the event of any medical emergency, I authorize BlackRock Center for the Arts to administer first aid and/or to seek emergency medical treatment for myself/my child.

Signature _____ Date: _____

Parent or Legal Guardian