



Hyde Park Recreation
Camper Information Packet

****Please return this packet with the most recent immunization record for each camper.****

Contact and Pick up Form

Camper's Name(s): _____

Parent/Guardian: _____

e-Mail: _____

Address: _____

Please check the best number to reach you (provide all possible numbers)

__ Home: _____ __ Work: _____ __ Cell: _____

Emergency Contacts

Name/Relation: _____ Phone Number: _____

Name/Relation: _____ Phone Number: _____

Pick Up Information

Please fill out the name, relationship to camper, and phone number for all individuals other than those listed above who are allowed to pick up your child(ren) at Hackett Hill Day Camp. We will check photo identification at sign-out, so please make sure ALL individuals that may pick your child(ren) up are listed and remind these individuals to have their photo ID's ready.

1. Name: _____

Daytime Phone: (____) _____ Relationship: _____

2. Name: _____

Daytime Phone: (____) _____ Relationship: _____

3. Name: _____

Daytime Phone: (____) _____ Relationship: _____

4. Name: _____

Daytime Phone: (____) _____ Relationship: _____

If you have more than four people that will be allowed to pick up your child, please list name, daytime phone numbers, and relationships to the child on a separate piece of paper.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date: ____/____/____