

Contact Information: E3 Camp July 6th - 24th (Need to attend 13 of the 15 days of this academic and enrichment camp). Hosted at Chapel of the Cross

Student Information:

Full Name:
Home Address:
Email Address:
Birthday:
School Attend:
Current Grade:

Parent Information:

Full Name:
Home Address:
Cell/Home Number:
Email Address:

Emergency and Medical Information:

In case of emergency, contact:
Emergency contact's address:
Emergency contact's phone number:
Doctor's name:
Doctor's phone number:
Medical insurance carrier and member number:
Any medical conditions:
Known allergies:
Current medications:

Contact Release Information:

Youth will be released only to parents/guardians and following individuals, as authorized by the person who signs this contact application.

Name/Relationship/Phone Number

_____/_____/_____

Name/Relationship/Phone Number

_____/_____/_____

Parent/Guardian Signature

_____ Date: _____