



CUPERTINO

# CAMP CUPERTINO 2022

## Participant Emergency and Identification information

### PARTICIPANT INFORMATION

Participant Full Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Legal Guardian's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD (THEY MAY BE CALLED IN CASE OF EMERGENCY):

Name	Phone	Relationship to Participant

### PERSONS NOT AUTHORIZED TO PICK UP (IF APPLICABLE)

Name	Phone	Relationship to Participant

### MEDICAL HISTORY

Food Allergies  Skin/Sunscreen Allergies  Environmental Allergies  Other

List dietary restrictions here: \_\_\_\_\_

List current medications and purpose here: \_\_\_\_\_

Does your child require special accommodations:      No      Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURE

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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