

EMERGENCY INFORMATION

Emergency Contact 1 (not parent) — Full Name: _____

Relationship to Camper: _____

Home: () _____ Work: () _____ Cell: () _____

Emergency Contact 2 (not parent) — Full Name: _____

Relationship to Camper: _____

Home: () _____ Work: () _____ Cell: () _____

SPECIAL NEEDS

Does your child have any special needs or conditions that would affect his/her ability to participate fully in our program? (Please explain, attach extra sheets if necessary.)

PERMISSION AND PAYMENT (DUE BY JULY 1, 2008—payable to CAC/Camp Destination)

I hereby give my child permission to attend Camp Destination and include a check/money order payment of one hundred dollars (\$150.00).

I am registering my child under the following session (circle one): Session A (Ages 8—12)

Session B (Ages 13—18)

SIGNATURE AND DATE OF PARENT/GUARDIAN

NOTE: Upon receipt of the payment, a letter of confirmation will be sent to you immediately along with an information packet containing forms (such as Medical History/Release, Waiver/Indemnity) to be filled out and brought to the camp on the first day of encampment.

SEND COMPLETED FORMS TO:

Communication Access Center
c/o Dragan Jaksic
1505 W. Court St.
Flint, MI 48503

FURTHER CONTACT INFORMATION:

Telephone: (810) 239-3112
Fax: (810)239-1606
Email: djaksic@cacdhh.org

