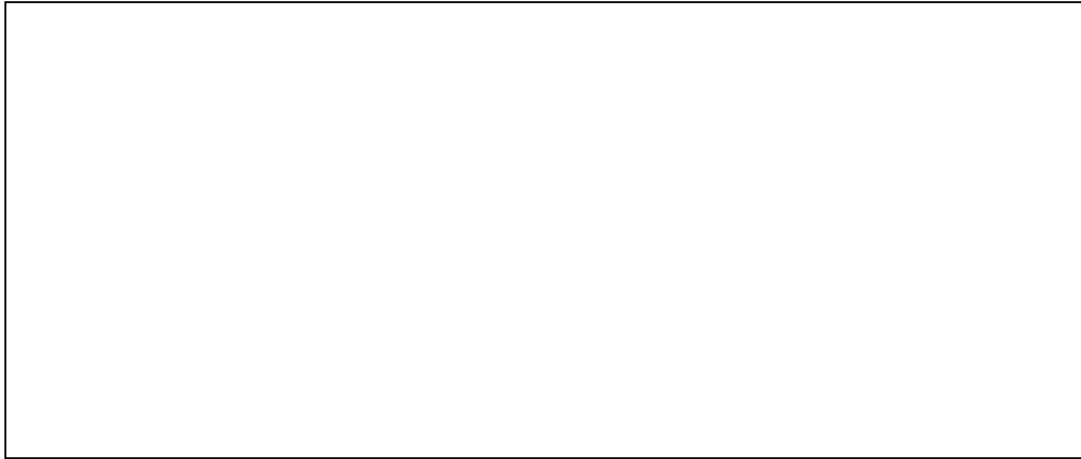


JUNIOR CAMP COUNSELOR'S EMERGENCY INFORMATION FORM
TO BE TAKEN ON ALL FIELD TRIPS



Please provide a current photo of your Junior Camp Counselor.

Junior Camp Counselor's Name _____ DOB _____

Address _____ Home phone (_____) _____

City _____ State _____ Zip _____

Parent's Name _____

Parent's Place of Employment _____

Parent's Number while child is at the program (_____) _____

e-mail _____ Cell Phone (_____) _____

Parent's Name _____

Parent's Place of Employment _____

Parent's Number while child is at the program (_____) _____

e-mail _____ Cell Phone (_____) _____

List 3 others who may be contacted in an emergency who are also authorized to pick up your child.

Name _____ Relationship _____

Address _____ Phone Number (_____) _____

Name _____ Relationship _____

Address _____ Phone Number (_____) _____

Name _____ Relationship _____

Address _____ Phone Number (_____) _____

I hereby grant permission for the Trailblazers Staff to act in a medical emergency to obtain necessary treatment for my child, and I agree to be responsible for any costs of any treatment given to my child, and hold Footprints Academy, Trailblazers, NJR of Woodbury, Inc., it's staff, volunteers, and associates harmless for any injuries or costs incurred in caring for my child.

*Note: both parents must sign if two custodial parents

Parent Signature

Parent Signature