

**OSWEGO STATE ATHLETICS DEPARTMENT
YOUTH CAMP--PARTICIPANT INFORMATION FORM**

NAME: _____ ADDRESS: _____

GENDER: _____ AGE: _____ PHONE: _____

PARENT/GUARDIAN: _____

EMERGENCY CONTACT/PHONE: _____

Are there any conditions that limit the child's ability to participate in all camp related activities?
If yes, please give specific details and limitations?

Does your child have any allergies? If yes, please list.

Is your child currently taking any medications? If yes, please list medications and possible side-effects.

Does your child have your permission to drive him/herself to and/or from camp?

Please list the person(s), other than the parent or guardian, that your child may be released to at the end of each camp session: