



Star Hill Family Athletic Center

100 Gerber Drive
Tolland, CT 06084

860-871-8800

www.starhillsports.com



Youth Camp Information Form

Please Return Completed Form to Camp Prior to Arrival

Personal Contact Information

(you may put multiple campers on this form if all info is the same, otherwise please complete multiple forms)

Camper's Name(s) _____

Street Address _____

Town, State, Zip Code _____

Home Phone Number _____ Home e-mail _____

Parent/Guardian's Name _____

Street Address (if different than camper) _____

Town, State, Zip Code _____

Mother's Home Phone Number _____ Cell Number _____ Work Number _____

Mother's Employer _____ Work e-mail _____

Address/City/State/Zip _____

Parent/Guardian's Name _____

Street Address (if different than camper) _____

Town, State, Zip Code _____

Father's Home Phone Number _____ Cell Number _____ Work Number _____

Father's Employer _____ Work e-mail _____

Address/City/State/Zip _____

Other Guardian's Name _____

Street Address (if different than camper) _____

Town, State, Zip Code _____

Home Phone Number _____ Cell Number _____ Work Number _____

Employer _____ E-mail _____

Address/City/State/Zip _____

Star Hill Members? _____ Yes _____ No

Pick-Up Authorization

Please list ALL adults authorized to pick-up camper(s), without special permission, on a day-to-day basis

1. _____

3. _____

2. _____

4. _____

Do you authorize Star Hill to release the camper(s) to other individuals with your written permission?

_____ Yes _____ No If Yes, who is authorized to **send** written notes?

1. _____

2. _____

Do you authorize Star Hill to release the camper(s) to other individuals based on a telephone call authorization?

_____ Yes _____ No If Yes, who is authorized to **call** with permission?

1. _____

2. _____

Emergency Contact Information

Emergency Contact Name (*if other than parent/guardian*) _____

Street Address, Town, State, Zip Code _____

Home Number _____ Cell Number _____ Work Number _____

Relationship to camper _____

Additional Emergency Contact (*someone other than parent/guardian*) _____

Street Address, Town, State, Zip Code _____

Home Number _____ Cell Number _____ Work Number _____

Relationship to camper _____

Other

Please list ALL known food allergies _____

Please list ALL other known allergies _____

Describe medications/treatments required for allergies _____

Are there any medical or other issues that we should know about? _____

Please list anything about your child that may help us make his/her time at Star Hill enjoyable (likes, dislikes, fears, social skills, etc...)
