

EMERGENCY HOME CONTACT

PLAST Camp • Sayre Hill Road • East Chatham, NY

<input type="checkbox"/> N-chok	<input type="checkbox"/> N-kiv
<input type="checkbox"/> U-chok	<input type="checkbox"/> U-kiv
<input type="checkbox"/> U2	<input type="checkbox"/> Bulava

Camper's Name _____ D.O.B. _____

Home Address _____ Height _____

_____ Weight _____

Home Phone _____ Eye Color _____

Parents' Names _____ Hair Color _____

Parent's address during child's stay at camp other than home:

**ATTACH
THIS SIZE
PHOTOGRAPH OF
CAMPER HERE.**

Telephone	Mother's	Father's
Home		
Cell		
Work		
Email address		
Other		

In case of emergency, parents will be called first, if they are unable to be contacted, list in order of priority other persons to be called:

1. Name _____ Relationship to camper _____ Day Phone () _____ Evening Phone () _____ Cell Phone () _____
2. Name _____ Relationship to camper _____ Day Phone () _____ Evening Phone () _____ Cell Phone () _____
3. Name _____ Relationship to camper _____ Day Phone () _____ Evening Phone () _____ Cell Phone () _____

If the above information should change, I will notify the camp in writing.



Signature of Parent or Guardian

Date

PARENTS' AUTHORIZATION FOR FIELD TRIPS

I am aware that the camp program may include several field trips and that these field trips may involve any or all of the following activities: Crossing state boundaries, travel by bus, swimming and overnight stay outside of Plast Camp property (this last item applies only to children in the older "yunak" camps). Understanding the above, I hereby give my child permission to participate in these field trips. **WITHOUT A SIGNATURE, CHILD WILL NOT ATTEND THE FIELD TRIP.**



Signature of Parent or Guardian for Field Trips

Date