



Upper Township YOUTH SUMMER CAMP 2024



Camper Information

T-shirt size: (Circle one) adult sizes: SMALL MEDIUM LARGE X-LARGE

First Name: _____ Last Name: _____

Age on start of camp: _____ Date of Birth: _____ Upcoming Grade: _____

Address: _____

Home phone: _____ Guardian Cell: _____

Last school attended: _____

Parent/guardian name: _____ Address: _____

Email: _____ Cell phone: _____

In Case of Emergency

Name: _____ Relationship: _____
Address: _____ Phone number: _____

Name: _____ Relationship: _____
Address: _____ Phone number: _____

Parent's Authorization

If my child is accepted, I understand that he/she must be represented by a parent or guardian at a pre-camp meeting where I will sign a Waiver of Liability Form.

I hereby certify that the information provided on this form is correct and complete. I understand that falsification of any information on this form may result in dismissal of my child from this program. I further agree that my child will attend each day of the police camp, including graduation practice and the graduation ceremony.

Printed Name: _____

Signature: _____ Date: _____