



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 *(please fill out one form for each camper)*

Camper's Name _____

Street Address _____

Town, State, Zip Code _____

Home Phone Number _____ Home e-mail _____

Mother'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 _____

Father'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 _____

Pick-Up Authorization

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

1. _____ 3. _____
2. _____ 4. _____

Do you authorize Star Hill to release the camper 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 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 _____

Street Address, Town, State, Zip Code _____

Home Number _____ Cell Number _____ Work Number _____

Relationship to camper _____

Additional Emergency Contact Name _____

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 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...)

Campers t-shirt size (circle one) YM YL YXL AS AM AL