

# 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		
Occupation		
Email address		
Other		

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, hiking, biking, rock climbing, canoeing, swimming, water parks and overnight stay outside of Plast Camp property. 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

## **PHOTOGRAPH RELEASE FORM**

I understand that my child may be photographed during camp functions and these photographs may be placed on the Vovcha Tropa website, used in a camp DVD or used in camp promotional material. I give permission to Vovcha Tropa to use these photographs as mentioned above



\_\_\_\_\_  
Signature of Parent or Guardian for photo release

\_\_\_\_\_  
Date