
Emergency Contacts (Required for Attendance)

Emergency Contact Information (different than the Parent/Guardian listed on the registration form):

Emergency Contact #1

Name: _____ Relation to Camper: _____

Address: _____

Phone Number(s): _____

Emergency Contact #2

Name: _____ Relation to Camper: _____

Address: _____

Phone Number(s): _____

Transportation Release

To be completed for all campers that will be utilizing transportation provided by Camp Hope. A copy of this form will be given to the bus company.

Camper Pick-up/Drop-off Information

The following information will help determine the camper's bus pick-up/drop-off times. Addresses must be in Essex County.

Camper Name: _____

Please select one: Both AM and PM AM transport only PM transport only

Address:

(Street number)

(Town)

(Zip)

Phone number(s) at pick-up/drop off: _____

Transportation Release

I, _____, hereby give The Arc of Essex County, Inc. ("The Arc"), Camp Hope ("Camp") and the transportation company (not owned/managed by The Arc of Essex County) permission to provide or arrange necessary related transportation for my child/family member.

I give consent for emergency transportation to a medical facility (by ambulance) for my family member. I also confirm that I have given the Camp and The Arc of Essex County a complete and accurate medical history of my child that may be shared with the contracted bus company.

Signature of Parent/Guardian: _____ Date: _____