XTREME FUN CENTER

2021 Summer Camp Student APPLICATION

Please Print All Information Requested.

Child's Full Legal Name: _____

Grade they are entering _____

Birth date _____/_____/_____

Male ____ Female_____

Street Address: _____

City: _____ State _____ Zip _____

Child Lives With: _____

Legal guardian other than parents* ***PLEASE PROVIDE A COPY OF LEGAL DOCUMENTATION.** Is there any court order restricting access to the student? ___ Y ___ N **IF YES, PLEASE PROVIDE A CERTIFIED COPY.**

Parents / Guardians Contact Information

Name: _____ Cell: _____ Work:_____

Name: _____ Cell: _____ Work:_____

Persons to be **notified and permitted** to remove child from the center in case of illness, accident or emergency when parent and/or guardian cannot be reached. **Two emergency phone numbers are required!**

1. _____ 2. _____