

CAMP DATES:

[Blank yellow box for camp dates]



# CAMP EMERGENCY FORM

650 591 8734 · info@sanmateogymnastics.com

**Please read through this form carefully and fill out accordingly.**

CHILD'S FIRST & LAST NAME

[Blank yellow box for child's name]

GUARDIAN'S FIRST & LAST NAME

[Blank yellow box for guardian's name]

MAIN PHONE NUMBER

[Blank yellow box for main phone number]

EMAIL ADDRESS:

[Blank yellow box for email address]

**EMERGENCY CONTACT DETAILS:**

EMERGENCY CONTACT #1 NAME

[Blank yellow box for emergency contact #1 name]

PHONE NUMBER

[Blank yellow box for emergency contact #1 phone number]

EMERGENCY CONTACT #2 NAME

[Blank yellow box for emergency contact #2 name]

PHONE NUMBER

[Blank yellow box for emergency contact #2 phone number]

**OPTIONAL - LIST NAME(S) AND PHONE NUMBER(S) OF ANYONE ELSE AUTHORIZED TO PICK UP YOUR CHILD:**

[Two blank yellow lines for optional emergency contacts]

**LIST ANY ALLERGIES, DISABILITIES, MEDICATIONS, MEDICAL CONDITIONS WE SHOULD BE AWARE OF:**

[Two blank yellow lines for allergies and medical conditions]

**PHOTO RELEASE - PLEASE READ CAREFULLY AND MARK THE BOXES BELOW**

San Mateo Gymnastic Summer Camp will be using unique, unlisted links to Google Drive and YouTube for posting group performances, group/camp photos, etc to share with parents/guardians. We will never use a gymnast's name and access will be limited to the email provided above with a unique link or password protected. I/We give San Mateo Gymnastics permission to film and post under these circumstances.

I/We agree as the parent(s)/guardian(s) of the child above give San Mateo Gymnastics, Inc. permission for your child to be filmed or photographed during camp for future promotional brochures, or published anonymously without compensation.

By signing this form, I acknowledge the terms and conditions of San Mateo Gymnastics, Inc.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date