

Lazy Bucks Ranch Day Camp
Contact Information

Parent/Guardian: _____

Relationship to Camper: _____

Phone Number: _____

Address: _____

Emergency Contact Information

Name: _____

Relationship to Camper: _____

Phone Number: _____

Address: _____

I hereby allow Lazy Bucks Ranch to call 911 if an emergency arises,
involving my camper, that requires emergency services.

Signature

Date

Please allow these people, AND ONLY THESE PEOPLE, including myself, to pick up and/or drop off my camper at Lazy Bucks Ranch.

Name: _____

Relationship to camper: _____

Phone Number: _____

Days said person will be dropping my camper off: M T W TH F

Days said person will be picking my camper up: M T W TH F

Name: _____

Relationship to camper: _____

Phone Number: _____

Days said person will be dropping my camper off: M T W TH F

Days said person will be picking my camper up: M T W TH F

Printed Name

Signature

Date