



Summer 2019 Camp Mustang Application

STUDENT PROFILE

Full Legal Name _____ Goes By _____

Date of Birth: (month/day/yr) _____

Age _____ Sex _____ School _____

Grade in Fall 2019 _____ Doctor's Name _____

Doctor's Phone Number _____

Allergies _____

Other Medical Information _____

T-SHIRT SIZE (Please circle) Child's S (6-8) M (10-12) L (14-16) Adult's S (34-36) M (38-40) L (42-44)

2nd STUDENT PROFILE

Full Legal Name _____ Goes By _____

Date of Birth: (month/day/yr) _____

Age _____ Sex _____ School _____

Grade in Fall 2018 _____ Doctor's Name _____

Doctor's Phone Number _____

Allergies _____

Other Medical Information _____

T-SHIRT SIZE (Please circle) Child's S (6-8) M (10-12) L (14-16) Adult's S (34-36) M (38-40) L (42-44)

3rd STUDENT PROFILE

Full Legal Name _____ Goes By _____

Date of Birth: (month/day/yr) _____

Age _____ Sex _____ School _____

Grade in Fall 2018 _____ Doctor's Name _____

Doctor's Phone Number _____

Allergies _____

Other Medical Information _____

T-SHIRT SIZE (Please circle) Child's S (6-8) M (10-12) L (14-16) Adult's S (34-36) M (38-40) L (42-44)

FAMILY PROFILE

Home Address _____

City _____ State _____

Zip _____ Home Phone Number _____

FATHER/GUARDIAN (circle one: Mr., Dr.)

Father's First Name _____

Father's Last Name _____

Place of Employment _____

Business Phone _____

Cell Phone _____

Email _____

MOTHER/GUARDIAN (circle one: Mrs., Ms., Dr.)

Mothers First Name _____

Mother's Last Name _____

Place of Employment _____

Business Phone _____

Cell Phone _____

Email _____

AUTHORIZED PICK-UP AND EMERGENCY CONTACT List in order the name of anyone, other than mother and father, you wish Camp Mustang to contact for emergency purposes or whom you authorize to pick up your child.

1. Name _____ Relation _____

Phone _____

2. Name _____ Relation _____

Phone _____

3. Name _____ Relation _____

Phone _____