



**MAR VISTA
STABLES**
2152 Olympic Way
Daly City, CA 94015
(650) 991-4224

SUMMER CAMP ATTENDEE & EMERGENCY CONTACT FORM

(Please Print)

Last Name of Child

First Name

Birth Date

Mother's Last Name

First Name

Cell Phone Number

Mother's Work Address:

Work phone Number:

Father's Last Name

First Name

Cell Phone Number

Father's Work Address

Work Phone Number

In the event of a serious illness or accident, when I cannot be reached, I wish one of the following people to be notified by phone.

Name

Relationship to Child

Cell Phone:

Name

Relationship to Child

Cell Phone:

If one of the following above people cannot be reached, I wish my child to be taken to the closest emergency hospital: () YES () NO

Other Special Instructions: _____

I have read and authorized the above instructions:

Signature

Relationship to Child

Date

X

Parent () Guardian ()
