



City of Malibu Day Camp Participant Form

Participant's Name

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Sibling's Name

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Parent/Guardian

--	--

Phone Number

--	--

Alternate Phone Number

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Email

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Individuals authorized to pick up my child from City of Malibu Programs other than Parent/Guardian:

Name

	Relationship:
--	---------------

Phone Number

	Cell:
--	-------

Name

	Relationship:
--	---------------

Phone Number

	Cell:
--	-------

Name

	Relationship:
--	---------------

Phone Number

	Cell:
--	-------

Medical Information:

Family Physician

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Phone Number

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Insurance Policy Number

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Allergies

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Medications

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Medical Conditions

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Other Helpful Information

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Parent/Guardian Signature

Date

Return form to: AFiori@MalibuCity.org before the program begins or bring to the first day of camp.
Contact 310.359.3575 with any questions. One form is good for the duration of Summer 2020.