

# summer at park

Staff Information and Emergency Contact  
*Please type or print clearly.*

Camp Staff Name: \_\_\_\_\_

## Home Address

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## School Address (if you reside there during year)

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ School Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact person: \_\_\_\_\_

Your relation to this person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Medical Insurance Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please attach a recent photo of yourself too! Thank you!

Summer at Park / 171 Goddard Avenue / Brookline MA 02445 / 617.274.6024