

Auburn University at Montgomery Youth Program/Camp General Information Form

GENERAL INFORMATION

Camp Name / Location / Dates _____

Name of Student _____

Date of Birth _____ Grade in Fall 2019 _____ T-Shirt Size _____ Gender: M F

Parent/Legal Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact #1 Name _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ Relation _____

Emergency Contact #2 Name _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ Relation _____

TRANSPORTATION

I will arrive in Montgomery on (date/time) _____

Method of Transportation _____

I will be traveling from (city) _____

Accompanied by _____ Relation _____

I will depart Montgomery on (date/time) _____

Method of Transportation _____

I will be traveling to (city) _____ Accompanied by _____

Please indicate whether you plan to keep a vehicle on campus (circle one): YES NO

(Note: If 'Yes,' keys must be left with the AUM Director and a Parking Pass will be required.)

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19