Fall Sports Camp

ContactPoint
DRUID HILLS

1200 Ponce De Leon
404-423-3090

Friday, October 7th 9:00-1:00 ($35)

Monday, October 10th 9:30-2:30 ($45)

Tuesday, October 11th 9:00-1:00 ($35)

Pay Online at www.atlcp.org

Gymnasium for a wide variety of sports and activities.

ContactPoint, Druid Hills

Child's Name _____

Date of Birth_____

School _____

Home Address

_____

_____

(City, State, Zip Code)

Parent #1:

Name_____

Home Address (if different than above)_____

_____

Home Phone # _____

Cell Phone # _____Work #

_____

Email Address _____

Parent #2:

Name_____

Home Address (if different than above)

_____

_____

Home Phone # _____

Cell Phone # _____Work # _____

Email Address _____

Pediatrician Name and

Number_____

Emergency Contacts: Name/phone numbers:

_____

_

_____

_

Known Allergies/Medical

Conditions:_____

Medications

Pick-Up Authorization

We are required to have a list of all people who have permission to pick up your children from ContactPoint, Druid Hills. Please list below all people who might be picking up your child including their phone numbers. This list will be kept in your child's file and can be updated at any time.

My child, _____, has permission to be picked up by the following people from ContactPoint Druid Hill. I acknowledge, and will inform each person listed below, that my child must be signed out and escorted from ContactPoint, Druid Hills facility by an authorized person. I/we have never met that person will be asked to prove identity.

Signature of Parent or Guardian

_____

1._____

Name/phone number/relationship to child

_____

2. _____

Name/phone number/relationship to child