



# Miami Police Athletic League Summer Camp 2024 Camper Information Form



Summer Camper's Name: \_\_\_\_\_

Summer Camper's Shirt Size: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Number: \_\_\_\_\_

Any known injuries, allergies, or medications currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child may be released to the following people:

\_\_\_\_\_                      \_\_\_\_\_  
\_\_\_\_\_                      \_\_\_\_\_

My child may not be released to the following people:

\_\_\_\_\_                      \_\_\_\_\_  
\_\_\_\_\_                      \_\_\_\_\_

Additional Contacts:

\_\_\_\_\_                      \_\_\_\_\_  
\_\_\_\_\_                      \_\_\_\_\_