



CAMP CHILLER CAMPER INFORMATION

Camper #1 Name: _____ Age: _____

Skating Level: _____

Allergies: _____

Health Concerns: _____

Camper #2 Name: _____ Age: _____

Skating Level: _____

Allergies: _____

Health Concerns: _____

Emergency Contact Numbers

Contact #1: _____ Number: _____

Contact #2: _____ Number: _____

Who Will Be Picking Up Camper(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____