

**SESO SUMMER CHEER CAMP 2011
INFORMATION FORM**

NAME: _____

AGE _____

HOME-PHONE _____

MOTHER'S NAME _____

PHONE _____ **CELLULAR** _____

FATHER'S NAME _____

PHONE _____ **CELLULAR** _____

**IN CASE OF AN EMERGENCY, IF THE PARENTS CANNOT BE
REACHED, NOTIFY:**

_____ **PHONE** _____

_____ **PHONE** _____

PLEASE INCLUDE WITH THIS APPLICATION THE FOLLOWING:

_____ **COPY OF THE MEDICAL INSURANCE CARD**

_____ **ATHLETIC DEPARTMENT EMERGENCY INFO. AND PARENT
CONSENT.**

_____ **CHECK OR MONEY ORDER FOR THE AMOUNT OF \$150.00
\$25.00 GOES TO LUNCH FOR THE ENTIRE WEEK.**