



Multi activity camps Information sheet

INFORMATION ABOUT THE CHILD	
Family Name	
First Name	
Member?	

DETAILS RELATED TO THE ADULT RESPONSIBLE FOR THE CHILD	
Family name	
First Name	
Phone nb Office	
Mobile Phone Nb	

PERSON TO CONTACT IN CASE OF EMERGENCY (if different from responsible)	
Family name	
First Name	
Phone Number	

PERSONS AUTHORIZED TO PICK UP THE CHILD	
Family name	
First Name	
Phone Number	

MEDICAL INFORMATION RELATED TO THE CHILD	
Diseases	
Allergies (to food or others)	
Other relevant info	

In case of medical emergency, I authorize Club Zigzag to contact a doctor or to take necessary urgent measures before being able to contact me

Date

Signature of the adult responsible for the child(ren)