



Kids Dayz at The Dog Gym
Summer Day Camp

Jr Handler Information

Name: _____

DOB: _____

Allergies: _____

Special Needs/Concerns: _____

Parent Information

Name: _____

Relation to Child: _____

Address: _____

Cell Phone No.: _____

Work Phone No.: _____ Ext: _____

Email: _____

Parent #2

Name: _____

Relation to Child: _____

Address: _____

Cell Phone No.: _____

Work Phone No.: _____ Ext: _____

Email: _____