

Art of Living Smart Summer Camp 2026 Application/Informational Form **DUE DATE May 26, 2026**

PROGRAM PARTICIPANT

First name:	Last name:
Date of Birth:	Sex:
Race:	T-Shirt Size: Youth: S M L Adult: S M L XL Other: _____

MEDICAL HISTORY

Does your child have any known allergies, including food? Yes No If yes, please list.

Does your child take any prescribed medications daily? Yes No If yes, please list medications and purpose used for.

Is there any other medical information we may need to know?

Does your child have a primary doctor? Yes No
If so, doctor's name and telephone number?

Parent/Primary Guardian (If applicable, i.e. participant is under 18 years of age.)

First Name: _____ Last Name: _____

Relationship to child: Mother Father Grandparent Guardian Other

Address: _____
Street City, State Zip Code

Telephone Number: _____ (Mobile) _____ (Work)

EMERGENCY CONTACT INFORMATION

**Who to contact in case of an emergency?

_____	_____	_____
Name	Relationship	Number

**Who is allowed to pick your child up?

_____	_____
Name	Relationship