



Camp Helen Brachman - Pick-Up Authorization & Voluntary Self I.D. 2019

Please provide the names and numbers of people who are authorized to pick-up your camper.

Name of Camper: _____

Adults you authorize to pick up your camper at the end of camp.

| | Parent/Guardian Names | Cell & Home Phone | Work Phone | Relationship to Camper |
|---|-----------------------|-------------------|------------|------------------------|
| 1 | | Cell: Hm: | | |
| 2 | | Cell: Hm: | | |

| | Other Adult Names | Cell & Home Phone | Work Phone | Relationship to Camper |
|---|-------------------|-------------------|------------|------------------------|
| 1 | | Cell: Hm: | | |
| 2 | | Cell: Hm: | | |

Parent's/Guardian's name: (print) _____

Parent's/Guardian's signature: _____

Date: _____

DO NOT COMPLETE - FOR DAY OF RETURN USE ONLY:

Name of adult picking up camper: _____

Signature: _____

Voluntary Self-Identification of Disability and Limited English Proficiency for Participants

COA Youth & Family Centers is committed to providing equal program opportunity to all those interested in our programs. We invite you to complete this form so that we can better serve you and all our participants.

This information allows COA to evaluate equal program opportunity and affirmative action efforts and to comply with Wisconsin state law. The information is maintained so that data about participants' characteristics can be compiled and analyzed.

Completion of this form is **completely voluntary**. The information provided will be kept confidential.

1. Are you a person with a disability, as defined by the Americans with Disabilities Act (ADA) of 1990 or the Wisconsin Fair Employment Act? Yes No Do you require accommodation? Yes No

If yes, what kind? _____

Verification is not required unless a reasonable accommodation is requested.

2. Do you have a limited ability to read, write, speak or understand English? Yes No
Do you have written or verbal translation needs? Yes No If yes, what kind and in what language? _____

If you have any questions about the Voluntary Self-Identification form, please contact the Equal Opportunity Coordinator, Julie Hoffman, Monday through Friday from 8:30 a.m. to 5:00 p.m. via telephone at (414) 263-8383, ext. 1112 or at 909 E. North Ave., Milwaukee, 53212.

Return to: CHB Camp Registrar
COA Youth & Family Centers 909 E. Garfield Avenue Milwaukee, WI 53212
Phone: (414) 290-7905
Email: lwoodruff@coa-yfc.org