

**Camp F2F**

Participant Information Form - Please circle which location:

Naperville Park District  
**Frontier Park** or **Seager Park**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: _____	Age: _____	Grade (in the fall) _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
------------------	------------	---------------------------	-------------------------------	---------------------------------

Child lives with (circle):    Both parents            Mother            Father            Other

Mother/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_

Primary or Secondary Contact? \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Alternate Contact**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Do you give staff permission to apply sunblock?    Yes        No    

Child's swimming skills:

Non-Swimmer	<input type="checkbox"/>	Beginning	<input type="checkbox"/>	Capable	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
-------------	--------------------------	-----------	--------------------------	---------	--------------------------	----------	--------------------------

Do you want your child to use the low diving boards:     Yes    |     NoDo you want your child to use the slide:     Yes    |     NoDo you want your child to use the high diving boards:     Yes    |     NoWill your child be bringing/wearing a life vest while swimming?     Yes    |     No

Does your child have fears/phobias? (Circle Yes or No)    Explain: \_\_\_\_\_

Does your child have seasonal/food allergies? (Circle Yes or No)

Explain: \_\_\_\_\_

Dietary restrictions?    (Circle Yes or No)

Explain: \_\_\_\_\_

Medical conditions/limitations?    (Circle Yes or No)

Explain: \_\_\_\_\_

Is your child on medications?    (Circle Yes or No)

Explain: \_\_\_\_\_

Is medication required during the camp hours?    (Circle Yes or No)

Explain: \_\_\_\_\_

Specify phone number you prefer to be reached at during camp hours: \_\_\_\_\_

(turn over)

## Participant's Name

**Do you give your child permission to walk/ride their bike to and/or from camp? (Circle Yes or No)**

(please keep in mind that if you allow your child to sign in/out you will miss getting important information from staff regarding upcoming activities and things to know for the week, etc.)

### **\*\* Transportation Authorization \*\***

Please list those authorized to transport your child to and from Camp. Persons on the authorized list must be at least 18 years and be able to supply documentation of their identity. In the event that someone who does not usually transport your child should arrive for pick-up, they will be requested to show a photo ID and the parent/guardian will be notified before the enrolled participant will be released.

**Name**

**Relation**

**Phone**

**Name**

**Relation**

**Phone**

**Both parents right to pick up:** Under the laws of the state of Illinois, both parents may have the right to pick up their child, unless a court document restricts that right. The enrolling parent, who chooses not to include the child's other parent on the authorized pick-up list must file an official court document (e.g., current restraining order, sole custody decree, divorce decree stating sole custody). Absent that document, the center may release the child to either parent.

**Signature of Parent/ Legal Guardian**

**Date**

### **\*\* Emergency Care Authorization \*\***

In the event of any emergency, I hereby authorize the Naperville Park District to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

In case of an accident or health emergency, paramedics will be called. Every effort will be made to contact parents or guardians immediately.

Physician's Name & Phone #: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

**Signature of Parent/ Legal Guardian**

**Date**