



**2018 Adventure Camp  
Participation Information Form**

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

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

Birthdates: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (in the fall) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child lives with (circle) Both Parents    Mother    Father    Other

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

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

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

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

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

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

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

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

Emergency Contact: \_\_\_\_\_

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

Relationship to the child \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

**Swim Level: (Please check one)**

\_\_\_\_ Beginner I: Zero depth, up to 3 feet of water. No water slides.

\_\_\_\_ Beginner II: Zero depth, up to 3.5 feet of water. Water slides permitted.

\_\_\_\_ Intermediate: Up to 5 feet of water. Water slides permitted no diving board.

\_\_\_\_ Advanced: Anywhere in the pool, all water slides, and diving boards permitted.

\_\_\_\_ Will your child be bringing/wearing a life vest while swimming?

Does your child have fears/phobias? If so, explain: \_\_\_\_\_

Dietary restrictions? If so explain: \_\_\_\_\_

Medical conditions/limitations? If so explain: \_\_\_\_\_

Does your child have seasonal/food allergies? If so, explain: \_\_\_\_\_

Will your child be bringing any allergy medicine or Epi Pen to camp? \_\_\_\_ Yes \_\_\_\_ No

If so, explain \_\_\_\_\_

Is your child on medications? If so explain: \_\_\_\_\_

Is medication required during the camp hours? \_\_\_\_ Yes \_\_\_\_ No

If so, explain \_\_\_\_\_

(TURN OVER)

**Participants Name:** \_\_\_\_\_

**Do you give your child permission to walk/ride their bike to and/or from camp?** \_\_\_\_ Yes \_\_\_\_ 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 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 participant will be released.

**Authorized Pick-Ups**

**Besides the emergency contact, the following people are authorized to pick up my child from camp.**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell 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 park district may release the child to either parent.

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**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 immediate care and agree that I will be responsible for payment of any and all medical service rendered.

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

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

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

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**Signature of Parent/Legal Guardian**

**Date**

