

SUMMER DAY CAMP PARTICIPANT INFORMATION FORM

Please list the camp name for which the participant is registered:

Participant's Name: _____

Address: _____

Birthdate: _____ Age: _____ Grade (in the fall): _____

PRIMARY CONTACT

Parent/Legal Guardian: _____

Relationship to Participant: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

SECONDARY CONTACT

Parent/Legal Guardian: _____

Relationship to Participant: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

ALTERNATE CONTACT (To be contacted in the event Primary and Secondary are unavailable)

Name: _____

Relationship to Participant: _____

Primary Phone: _____ Alternate Phone: _____

As part of the day camp experience, campers will enjoy time at Centennial Beach and may take field trips to other aquatic facilities. Centennial Beach is a unique facility with a slide, diving boards, and a 15-foot-deep end. The following questions will assist staff in the supervision of camp participants.

All participants identified as non-swimmers must wear a life vest while at any aquatic facility. Life vests must be Coast Guard-approved.

Non-Swimmer Beginner Capable Advanced

Do you want your child to use the slide? YES NO

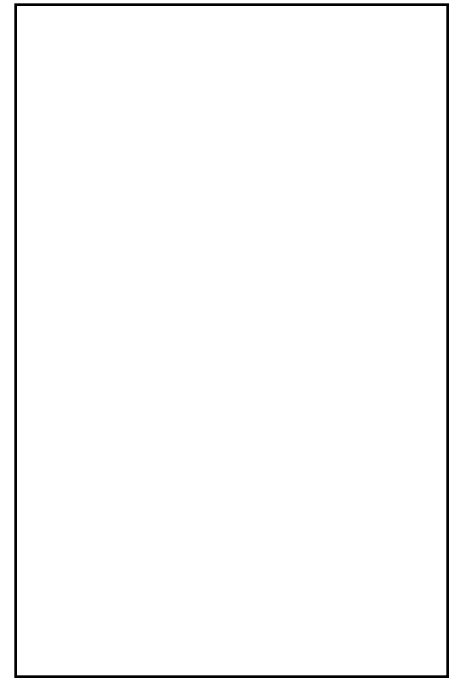
Do you want your child to use the low diving boards? YES NO

Do you want your child to use the high diving boards? YES NO

Will your child be bringing/wearing a life vest while swimming? YES NO

Do you give staff permission to apply sunblock on your child? YES NO

Does your child have fears/phobias? YES NO Explain: _____



MEDICAL INFORMATION

Please note, additional paperwork will be required when medication is left with Camp Staff.

Dietary restrictions? YES NO Explain: _____

Does your child have allergies? YES NO Explain: _____

Will your child be bringing allergy medicine or an EpiPen to camp? YES NO
Explain: _____

Does your child need an inhaler? YES NO Explain: _____

Medical conditions/limitations? YES NO Explain: _____

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 at least 18 years of age 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 Alternate Contact, the following people are authorized to pick up my child from camp.

Name: _____ Name: _____

Relation: _____ Relation: _____

Phone: _____ 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.

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 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