**Prospect Heights Park District Summer Camp Information Sheet**

Summer Camps (Circle all that apply)

Jr. Explorers Explorers Adventure Sports Travel Performing Arts Last Hurrah

Campers Full Name Today’s Date

Nickname (If Applicable) Home Phone

Address City Zip

Gender Date of Birth (MM/DD/YYYY) Age Grade (Fall 2018)

**Parent/Guardian with WHOM CHILD LIVES WITH**

Name Relationship

Employer Business Phone

Email Cell

Name Relationship

Employer Business Phone

Email Cell

My child has my permission to walk/bike to and from camp each day. Y \_\_\_\_ N

**Prospect Heights Park District**

 **Emergency Contact Information**

In the event of an emergency, and a parent/guardian cannot be reached, this camper can be released to:

Name Relationship

Home Phone Cell Phone Business Phone

Name Relationship

Home Phone Cell Phone Business Phone

Name Relationship

Home Phone Cell Phone Business Phone

**Prospect Heights Park District Medical Information Summer Day Camp**

Camper’s Full Name

Camper’s Physician

Physician Address City Zip

Physician Phone

**Will medication need to be given at camp? *If yes, please fill out medication dispensing form and waiver.***

 Yes No

**Does your camper have medical conditions, food allergies, or any other issues that would affect his/her camp experience?**

 Yes No If yes, please explain these conditions

**Please describe any accommodations necessary for successful inclusion in the camp program.**

**Immunization records and date of last tetanus shot**

Please check all that apply

 I hereby give permission for my child to participate on field trips with PHPD Camp. Transportation may include walking, park district van, or chartered school bus.

 If at any time, an emergency occurs, and we are not able to reach a parent/guardian or secondary contacts, I hereby authorize the Prospect Heights Park District to take emergency measures as necessary to ensure my child’s health and welfare. I will assume responsibility for any fees incurred in the administration of such medical treatment.

 I hereby grant permission for emergency transportation and treatment of my child and the

release of this registration form, which provides medical and other emergency information.

 I understand that camp staff will not apply sunscreen on my child, however they can supervise

child in doing so.

Signature Parent/Guardian (Print) Date

**Prospect Heights Park District Summer Camp Registration Form**

Campers Full Name Gender Date of Birth (MM/DD/YYYY

Address City Zip

Phone Email

Fathers Name Work Phone Cell

Mothers Name Work Phone Cell