

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 2019) _____

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
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Home Phone	Cell Phone	Business Phone
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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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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