



Prospect Heights Park District Summer Day Camp  
CAMPER INFORMATION

**Summer Camps** (Check all that apply)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Early Explorers                 | <input type="checkbox"/> Camp Adventure             | <input type="checkbox"/> Camp Voyager          | <input type="checkbox"/> Top Score Sports Camp |
| <input type="checkbox"/> Creative & Performing Arts Camp | <input type="checkbox"/> Performing Arts Production | <input type="checkbox"/> Counselor in Training |  |
| <input type="checkbox"/> Last Hurrah                     | <input type="checkbox"/> Warm Ups & Extra Innings   | <input type="checkbox"/>                       |  |

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S HOME ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE (Fall 2021) \_\_\_\_\_

PARENTS EMAIL \_\_\_\_\_

**INSTRUCTIONS TO REACH PARENT/GUARDIAN**

1. \_\_\_\_\_  
(Name, Address, Phone)

2. \_\_\_\_\_  
(Name, Address, Phone)

CAMPER'S 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 SPECIAL ACCOMMODATIONS NECESSARY FOR SUCCESSFUL INCLUSION IN THE CAMP PROGRAM.

EMERGENCY CONTACT PERSON(S) In the event of an emergency, and a parent/guardian cannot be reached, this camper can be released to:

1. \_\_\_\_\_  
(Name, Address, Phone)

2. \_\_\_\_\_  
(Name, Address, Phone)

**Prospect Heights Park District Summer Day Camp  
CAMPER INFORMATION (PAGE 2)**

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 bus 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 your child in doing so.
- My child has my permission to walk/bike to and from camp each day.

\_\_\_\_\_  
Signature    Parent/Guardian (Print)    Date