

Camp LOL
Participant Information Form

Naperville Park District

Participant's Name: _____

Address: _____

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

Circle each week that your child will be at camp Week: 1 2 3 4 5 6 7 8 9 10

Child lives with (circle): Both parents Mother Father Other

Mother/Legal Guardian: _____

Address: _____

E-mail address: _____

Home Phone: _____ Hours to call? _____ Work Address/City: _____

Cell Phone: _____ Hours to call? _____ Work Phone: _____ Hours to call? _____

Father/Legal Guardian: _____ Primary or Secondary Contact? _____

Address: _____

E-mail Address: _____

Home Phone: _____ Hours to call? _____ Work Address/City: _____

Cell Phone: _____ Hours to call? _____ Work Phone/Pager: _____ Hours to call? _____

Alternate Contact

Name: _____

Relationship to Participant: _____

Home Phone: _____ Work Phone/Pager: _____

Cell Phone: _____

Do you give staff permission to apply sunblock? Yes No

Child's swimming skills: Non-Swimmer Beginning Capable Advanced

Do you want your child to use the low diving boards: Yes | No

Do you want your child to use the slide: 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

Does your child have fears/phobias? (Circle Yes or No) Explain: _____

Does your child have seasonal/food allergies? (Circle Yes or No)

Explain: _____

Dietary restrictions? (Circle Yes or No)

Explain: _____

Medical conditions/limitations? (Circle Yes or No)

Explain: _____

Is your child on medications? (Circle Yes or No)

Explain: _____

Is medication required during the camp hours? (Circle Yes or No)

Explain: _____

Do you give your child permission to walk/ride their bike to and/or from camp? (Circle Yes or 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.)

Please specify the phone number you preferred to be reached at during camp hours: _____

(turn over)

Participant's Name

**** 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 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 enrolled participant will be released.

Name
Relation
Phone

Name
Relation
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 center 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 Naperaville Park District to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward'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: _____

Physician's Phone #: _____

Hospital Preferred: _____

Signature of Parent/ Legal Guardian

Date