



**2019 Adventure Camp
Participation Information Form**

Participant's Name: _____

Address: _____

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

Child lives with (circle) Both Parents Mother Father Other

Mother/Legal Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Father/Legal Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____

Address: _____

Relationship to the child _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Specify phone number you prefer to be reached at during camp hours: _____

Swim Level: (Please check one)

____ Beginner I: Zero depth, up to 3 feet of water. No water slides.

____ Beginner II: Zero depth, up to 3.5 feet of water. Water slides permitted.

____ Intermediate: Up to 5 feet of water. Water slides permitted no diving board.

____ Advanced: Anywhere in the pool, all water slides, and diving boards permitted.

____ Will your child be bringing/wearing a life vest while swimming?

Does your child have fears/phobias? If so, explain: _____

Dietary restrictions? If so explain: _____

Medical conditions/limitations? If so explain: _____

Does your child have seasonal/food allergies? If so, explain: _____

Will your child be bringing any allergy medicine or Epi Pen to camp? ____ Yes ____ No

If so, explain _____

Is your child on medications? If so explain: _____

Is medication required during the camp hours? ____ Yes ____ No

If so, explain _____

(TURN OVER)

Participants Name: _____

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 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 participant will be released.

Authorized Pick-Ups

Besides the emergency contact, the following people are authorized to pick up my child from camp.

Mother: _____ Father: _____

Name: _____ Relationship to camper: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship to camper: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship to camper: _____

Phone: _____ Cell 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 service rendered.

In case of an accident of 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