

Participant Information Form

Participant's Name _____

E-mail address _____

Address _____

Birthdate _____

Age _____

Grade (in the fall) _____

Male

Female

Mother/Legal Guardian _____

Address _____

E-mail address _____

Home Phone _____

Work Address/City _____

Cell Phone _____

Work Phone/Pager _____

Father/Legal Guardian _____

Address _____

E-mail Address _____

Home Phone _____

Work Address/City _____

Cell Phone _____

Work Phone/Pager _____

In Case of Emergency

Contact _____

Relationship to Participant _____

Home Phone _____

Work Phone/Pager _____

Cell Phone _____

Will your child be participating in Before Camp, After Camp or Both? _____

Do you give staff permission to apply sunblock? No Yes

Child's swimming skills:

Non-Swimmer

Beginning

Capable

Advanced

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

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

Will your child be bringing/wearing a life vest while swimming? No | Yes

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: _____

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

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

Please indicate the approximate time of drop off and pick up: _____

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 Woodridge 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.

I also authorize staff to administer CPR & First Aid for which they are trained. 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