

Participant Information Form

Participant's Name

Address

Participant's E-mail Address

Birthdate	Age	Grade (in the fall)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Mother/Legal Guardian	
Mother's E-mail Address	
Address	
Home Phone	Work Address/City
Cell Phone	Work Phone/Pager
Father/Legal Guardian	
Father's E-mail Address	
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	

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 or high diving boards: No Yes

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

Does your child have 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 camp hours? (Circle Yes or No)
 Explain: _____

Will a cell phone be sent with your child to camp? (Circle Yes or No)

Do you give your child permission to sign in and out each day? (Circle Yes or No)

Do you give your child permission to walk/ride their bike to and/or from camp? (Circle Yes or No)

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

Participant's Name



** Transportation Authorization **

Please list those authorized to transport your child to and from the 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