

**Winter Wonder Camp**  
**Participant Information Form**

**Woodridge Park District**

Participant's Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Age \_\_\_\_\_

Current Grade \_\_\_\_\_

Male

Female

Expected drop-off time in the AM: \_\_\_\_\_

Expected pick-up time in the PM: \_\_\_\_\_

Mother/Legal Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Address/City \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone/Cell \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Address/City \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone/Cell \_\_\_\_\_

Marital Status of Mother & Father of child: \_\_\_\_\_

**In Case of Emergency**

Contact \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone/Cell \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please specify the phone number you can be reached at DURING CAMP HOURS: \_\_\_\_\_

Child's swimming skills:

Non-Swimmer

Beginning

Capable

Advanced

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: \_\_\_\_\_

# 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.

<b>Name</b>
<b>Relation</b>
<b>Phone</b>

<b>Name</b>
<b>Relation</b>
<b>Phone</b>

**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**

(updated 11/4/14)