

**Prospect Heights Park District**

**Summer Camp**

**Information Sheet**

Summer Camps (Circle all that apply)

Jr. Explorers   Explorers   Adventure   Sports   Travel   End of Summer   10<sup>th</sup> Week

\_\_\_\_\_

Campers Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Nickname (If Applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2016) \_\_\_\_\_

**Parent/Guardian with WHOM CHILD LIVES WITH**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

My child has my permission to walk/bike to and from camp each day. Y \_\_\_\_\_ N \_\_\_\_\_

# Prospect Heights Park District Emergency Contact Information

In the event of an emergency, and a parent/guardian cannot be reached, this camper can be released to:

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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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**Prospect Heights Park District Medical Information Summer Day Camp**

\_\_\_\_\_  
Camper's Full Name

\_\_\_\_\_  
Camper's Physician

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Physician Phone

**Will medication need to be given at camp? *If yes, please fill out medication dispensing form and waiver.***

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Does your camper have medical conditions, food allergies, or any other issues that would affect his/her camp experience?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, please explain these conditions

\_\_\_\_\_  
**Please describe any accommodations necessary for successful inclusion in the camp program.**

\_\_\_\_\_  
**Immunization records and date of last tetanus shot** \_\_\_\_\_

Please check all that apply

\_\_\_\_\_ I hereby give permission for my child to participate on field trips with PHPD Camp.

Transportation may include walking, park district van, or chartered school bus.

\_\_\_\_\_ If at any time, an emergency occurs, and we are not able to reach a parent/guardian or secondary contacts, I hereby authorize the Prospect Heights Park District to take emergency measures as necessary to ensure my child's health and welfare. I will assume responsibility for any fees incurred in the administration of such medical treatment.

\_\_\_\_\_ I hereby grant permission for emergency transportation and treatment of my child and the release of this registration form, which provides medical and other emergency information.

\_\_\_\_\_ I understand that camp staff will not apply sunscreen on my child, however they can supervise child in doing so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Date

**Prospect Heights Park District Summer Camp Registration Form**

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Campers Full Name	Gender	Date of Birth (MM/DD/YYYY)
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Address	City	Zip
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Phone	Email
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Fathers Name	Work Phone	Cell
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Mothers Name	Work Phone	Cell
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