



Summer Camp Forms 2019

Participant's Name: _____

Please check the camp(s) your child will attend to ensure we have emergency information at each camp:

Early Childhood Camps

<input type="checkbox"/>	<u>Camp Name</u>	<u>Ages</u>	<u>Location</u>	<u>Send Completed Forms to</u>
<input type="checkbox"/>	Pee Wee Camp	2-3 years old	Lincoln Center	scunningham@dgparks.org
<input type="checkbox"/>	Exploration Station	3-5 years old	Lincoln Center	scunningham@dgparks.org

School Age Camps

<input type="checkbox"/>	<u>Camp Name</u>	<u>Ages</u>	<u>Location</u>	<u>Send Completed Forms to</u>
<input type="checkbox"/>	Adventure Camp	Entering K-2 nd grade	Lincoln Center	sdonovan@dgparks.org
<input type="checkbox"/>	Adventure Camp	Entering 3 rd -5 th grade	Hummer Park	sdonovan@dgparks.org

Specialty Camps

<input type="checkbox"/>	<u>Camp Name</u>	<u>Ages</u>	<u>Location</u>	<u>Send Completed Forms to</u>
<input type="checkbox"/>	Nature Camp	Varies	Lyman Woods	afontanetta@dgparks.org
<input type="checkbox"/>	Museum Camp	Varies	Downers Grove Museum Campus	fcamacho@dgparks.org

Teen Camps

<input type="checkbox"/>	<u>Camp Name</u>	<u>Ages</u>	<u>Location</u>	<u>Send Completed Forms to</u>
<input type="checkbox"/>	Teen Trekkers	11-13 years old	Recreation Center	sdonovan@dgparks.org

Before and After Camps

<input type="checkbox"/>	<u>Camp Name</u>	<u>Camps</u>	<u>Location</u>	<u>Send Completed Forms to</u>
<input type="checkbox"/>	Before Camp	Adventure Camp K-2 nd , Teen Camp and Specialty Camps	Lincoln Center	sdonovan@dgparks.org
<input type="checkbox"/>	Before Camp	Adventure Camp 3 rd -5 th	Hummer Park	sdonovan@dgparks.org
<input type="checkbox"/>	After Camp	All school age camps, teen camps, and specialty camps	Lincoln Center	sdonovan@dgparks.org



SUMMER CAMP HEALTH HISTORY & EMERGENCY FORM

Please complete the following information for our records.

General Information

Participant's Name: _____

Address: _____ City: _____ Zip Code: _____

Age: _____ Gender: _____ Date of Birth: _____ Grade in Fall: _____

Parent/Guardian Info:

Both parents/guardians are authorized to pick up child? YES NO

Parent/Legal Guardian: _____

Parent/Legal Guardian: _____

Daytime Phone: _____

Daytime Phone: _____

Other Phone: _____

Other Phone: _____

Address: _____
(If different from above)

Address: _____
(If different from above)

City: _____ Zip Code: _____

City: _____ Zip Code: _____

Email: _____

Email: _____

Emergency Release Authorization/Authorized Pick-Up List:

Only the following people listed below will be allowed to pick up your child, unless the Camp Coordinator receives written notification in advance by the parent/guardian

I/we give the following people permission to pick up my child and contact in the event of an emergency, should I/we be unable to be reached: Please list in preferred order to be called

Name Address Phone

Name Address Phone

Name Address Phone

To ensure the safety of all participants, anyone on your pick-up list may be required to show photo identification upon arrival.

Is there anyone restricted from picking up your child from the program? _____

Name: _____ Relationship to child: _____

Health History/Allergies

A parent/legal guardian must fill in the following information. The intent of this information is to provide camp personnel the background for appropriate care. Keep a copy of the completed form for your records.

Is your child up-to-date on immunizations and tetanus shots? YES NO

Does your child have any food allergies? YES NO

If yes, please explain: _____

Does your child have any non-food allergies or food restrictions? YES NO

If yes, please explain: _____

Will our staff be required to administer medication to your child?* YES NO

If yes, please explain: _____

Does your child have any special needs or accommodations?*** YES NO

If yes, please explain: _____

*A Permission to Dispense Medication Form must be completed for staff to dispense medication during camp hours.

** SEASPAR Recreation Association can assist us to include children with special needs. Note that this takes a minimum of three weeks.

Please explain any restrictions to activities (e.g. what cannot be done, what adaptations or limitations are necessary).

Please provide any additional information about the child's behavior and physical, emotional, or mental health about which we should be aware.

Authorization for Emergency Medical Treatment

I do herewith authorize the Downers Grove Park District to take action as necessary in case of an emergency

Name of Minor _____

Parent/Legal Guardian Signature _____ Date _____

Review of Policies and Procedures

I have read and understand the information in the summer camp parent manual/letter regarding camp policies and procedures, and agree to abide by them.

Name of Minor _____

Parent/Legal Guardian Signature _____ Date _____

Waiver and release of all claims and assumption of risk

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

The Downers Grove Park District (herein collectively referred to as "the District") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the District, including its officials, agents, volunteers and employees.

Photography/videotaping waiver

Photographs and videos are taken by park district staff to use for promotional purposes. By registering for a program, attending an event or using a park district facility, you have granted us permission to use your image for promotional purposes.

Signature Required

I have read and fully understand the waiver and release of all claims on this page and the refund policy. This waiver form is completed and signed of my own free will.

PLEASE SIGN. All adult participants must sign; one parent or custodial parent or guardian must sign if participant is under the age of 18 years.

Parent/Legal Guardian Signature _____ Date _____

Camp Specific Authorizations

Friend Request (EXPLORATION STATION ONLY)

When registering for Exploration Station Camp, you will be given the opportunity to submit a friend request. Friend requests will be considered in accordance with the following guidelines:

1. We will do our best to honor one request per child only. Additional friend requests will be disregarded.
2. Your child and the requested child must be enrolled in the same age group by the registration deadline to be considered. Participants will not be allowed to switch into a different age group for the purposes of accommodating friend requests.
3. It is the responsibility of the registering parent(s) to coordinate any reciprocal friend requests. Registration staff and/or camp still will not be responsible for contacting camp participants to facilitate mutual friend requests. If a friend request is not mutually reciprocated on both parties' paperwork, it is the parents' responsibility to do so.
4. The integrity of the program and each individual classroom will remain the highest priority. Any friend requests compromising the integrity of the program will be denied in order to maintain a safe and fun environment and ensure the best possible camp experience for all camp participants.

Please list the name of your (1) friend request here: _____

Downers Grove Park District Swim Permission Slip-Adventure Camp K-5 and Teen Trekkers

Child's Name _____

What is a swimmer?

For the safety of your child, s/he must be able to swim at least 25 yards freestyle or breast stroke without touching the bottom or sides of the pool to be considered a "swimmer". If your child is labeled a "swimmer" on this form, then camp staff may administer a swim test. Some aquatic parks have additional or stricter guidelines in order to swim in a certain area. In that case, the aquatic park staff will administer a swim test. The Downers Grove Park District's number one priority is safety. It is important for us to be aware of ALL campers swimming abilities. Please provide our staff with the safest swimming recommendation for your child.

This form is used for any field trips involving an aquatic facility. If you ever have any questions, please feel free to contact the Recreation Supervisor or Recreation Specialist at 630-963-1300. Without this form your child will not be able to attend any field trips with Aquatic Centers.

Please indicate the level of swimming ability for your child.

Check one of the following:

My Child: Is a Non-Swimmer Is a swimmer and cannot go down slides Is a swimmer and can go down slides

Parent/Legal Guardian Signature _____ Date _____

Sign-In/Out Consent (TEEN TREKKERS ONLY)

I authorize that my child has permission to walk to and/or from camp without being accompanied by an adult and to sign themselves in/out of camp each day

Child's Name _____

Parent/Legal Guardian Signature _____ Date _____