



Emergency & Permission Form

Summer Camp

Please circle the camp participant is enrolled in: 3's (Half Day), Half Day (4-5's), Full Day (4-5's),
Half Day (K-11), Full Day (K-11), Exploration Express

Name of Camper 1 _____ Child's Nickname _____

Pronouns She/Her He/Him They/Them Date of birth _____ Age _____

Campers Address _____ City _____ State _____ Zip _____

Please circle the camp participant is enrolled in: 3's (Half Day), Half Day (4-5's), Full Day (4-5's),
Half Day (K-11), Full Day (K-11), Exploration Express

Name of Camper 2 _____ Child's Nickname _____

Pronouns She/Her He/Him They/Them Date of birth _____ Age _____

☐ **Check if same address as above camper**

Campers Address _____ City _____ State _____ Zip _____

Parent 1 Name _____ Email Address _____

Occupation _____

Cell Phone (_____) _____ Work Phone (_____) _____

☐ **Check if same address as camper**

Campers Address _____ City _____ State _____ Zip _____

Parent 2 Name _____ Email Address _____

Occupation _____

Cell Phone (_____) _____ Work Phone (_____) _____

☐ **Check if same address as camper**

Campers Address _____ City _____ State _____ Zip _____

Alternate Emergency Contact Name (Not parent 1 or 2) _____

Cell Phone (_____) _____

Please list any health conditions we should be aware of (Asthma, Diabetes, etc)

Does your child take any medication(s) on a regular basis?

Does your child have any specific allergies to certain foods or drinks?

Please list any additional comments and information about your child that would be helpful for us to know about (fears, special instructions, behavior issues, etc.). Please feel free to attach additional sheets to this form as you feel it is necessary for our records.

PARENT PERMISSION TO PROVIDE PHYSICAN AND HOSPITAL TREATMENT

I hereby give my permission to the Community Park District of La Grange Park to call 911 or have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume financial responsibility for all costs incurred throughout this procedure.

Signature_____Date_____

My child's physician is_____

Physician's Phone Number_____

PUBLICITY PERMISSION

I hereby give my permission to the Community Park District of La Grange Park to use the likeness of my child in TV, film, and printed media for the purpose of advertising or communicating the purpose of activities for this program.

Signature_____Date_____

HANDBOOK AGREEMENT

Before the first day of summer camp, I received a copy via email of the parent camp manual. I agree to abide by the policies and procedures outlined. As parent/guardian, I will assume responsibility for my child(ren).

Signature_____Date_____



PICK-UP AUTHORIZATION FORM

I, _____, parent/guardian of _____

Will drop-off and pick-up my child from The Community Park District 1501 Barnsdale Road (Monday-Friday).

In the event that I am unable to do so, I give authorization for:

_____ Name	_____ Home phone	_____ Daytime phone	_____ Cell phone
OR			
_____ Name	_____ Home phone	_____ Daytime phone	_____ Cell phone
OR			
_____ Name	_____ Home phone	_____ Daytime phone	_____ Cell phone
OR			
_____ Name	_____ Home phone	_____ Daytime phone	_____ Cell phone

may pick up my child. My child is **ONLY** allowed to leave from the Park District day camp with the above listed people.

Rules and Guidelines Agreement

Day camp is designed for all campers to have a fun and safe summer, so there are rules and guidelines that must be followed. If these rules and guidelines are not followed your camper will be dismissed from camp.

RULES:

- ✓ **No outside toys allowed into camp**
- ✓ **PHONE/smart watch usage will NOT be allowed during camp hours**
 - **It is at your discretion to allow your camper(s) to bring their phone/smart watch**
 - **Counselors will NOT hold camper(s) devices during camp hours**
- ✓ **SMART WATCHES ARE NOT ALLOWED to be used DURING CAMP HOURS!**
- ✓ **Community Park District of La Grange Park is NOT responsible for lost/stolen items**
- ✓ **Show respect to all campers, staff, equipment, supplies and facilities.**
- ✓ **Refrain from using offensive and profane language.**
- ✓ **Refrain from aggressive behavior that could cause bodily harm.**
- ✓ **Refrain from inappropriate touching and body language.**
- ✓ **Listen to all rules and instructions given by camp director and counselors.**
- ✓ **Stealing of equipment or another camper's belongings will not be tolerated and will result in immediate dismissal from camp.**
- ✓ **Appropriate foot wear should be worn at all times. No crocs**

DISCIPLINE PROCEDURES:

- First infraction: Verbal Warning and timeout
- Second infraction: Parent conference with the Counselor and Camp Coordinator or Recreation Manager.
- Third infraction: 1 week suspension
- Fourth infraction: Dismissal from camp, no refund will be granted

*** Children caught fighting will automatically be suspended for one day.**

The camp coordinator and recreation manager will interpret these rules. It is at the discretion of the camp coordinator and recreation manager to implement the discipline procedures and the discretion of the recreation manager to suspend a child in violation of the above agreement.

Please read and explain these rules and guidelines to your child(ren). Please sign and return this agreement to your camper's counselor on the first day of camp.

I have read and gone over the above rules with my camper and by signing below agree with the above rules and guidelines:

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Camper 1

Signed: _____ Date: _____
Camper 2

