



Senior Camp Emergency Form

Office Use Only	
Registration Form	_____
Emergency Form	_____
Medication Form	_____
Camp Specific Waiver	_____
Code of Conduct Form	_____
Pre-Camp Questionnaire	_____
Bike/Walk Form	_____

Which 2-week session(s) you child/children will attend?

Session 1 ___ Session 2 ___ Session 3 ___ Session 4 ___ Session 5 ___ Entire Summer ___

Senior Camper(s) Information:

- Child's Last Name _____ First Name _____
Birthdate _____ Age _____ Grade in Fall _____
- Child's Last Name _____ First Name _____
Birthdate _____ Age _____ Grade in Fall _____
- Child's Last Name _____ First Name _____
Birthdate _____ Age _____ Grade in Fall _____

Child/Children's Home Address _____

City _____ Zip _____ Home Phone _____

1. Parent/Legal Guardian Information:

Email Address _____

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Business Name _____ Work Hours: from _____ to _____

2. Parent/Legal Guardian Information:

Email Address _____

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Business Name _____ Work Hours: from _____ to _____

If Parent/Guardian is not available in an emergency, please notify:

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

Please list any medical conditions your child has that you wish to disclose.

Please list any medications your child is taking that we need to know about.

Any food or other allergies we need to know about?

Any restrictions or limitations your child may have in participating in the activities at Day Camp?

Date of Last Tetanus shot:

Child's Name _____ Date _____

Child's Name _____ Date _____

Child's Name _____ Date _____

Photos and video footage are periodically taken of the children in Day Camp. These photos and video footage are used for promotional purposes in Crystal Lake Park District publications, advertising, marketing materials, brochures, event flyers, social media (including Facebook, YouTube, Instagram, Twitter and other social media sites operated by the Crystal Lake Park District) and the Crystal Lake Park District's website without any compensation to you or your child(ren).

Do you give permission for the Crystal Lake Park District to take photos and/or video footage of your child/children while in Day Camp to be used in the manner listed above? YES _____ NO _____

Parent/Legal Guardian Authorization for Emergency Medical Treatment and to Engage in Day Camp Activities: I authorize, in my absence, emergency medical treatment for the person(s) herein described. This release is not intended for Park District staff but solely for the attending medical professionals.

The information on this Emergency Form is correct, as far as I know, and the person(s) herein described have permission to engage in all Day Camp activities, except as noted.

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature _____ Date: _____