

**ELMHURST PARK DISTRICT**  
**Camper Information Form**  
**Sports Camp/Mini Sports Camp**

Camper's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

City/Zip \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address(if different than camper)

Address(if different than camper)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

Emergency Contact: (1) \_\_\_\_\_

Phone: \_\_\_\_\_

(2) \_\_\_\_\_

Phone: \_\_\_\_\_

(3) \_\_\_\_\_

Phone: \_\_\_\_\_

**Camper Transportation Information** (please circle which applies to this camper):

A. Walk to/from camp

B. Ride Bike to/from camp

C. Car Transportation

Authorized Person(s) (other than parent(s) listed above) to pick up child:

*Child may ONLY be released to these persons.*

NAME

RELATIONSHIP

PHONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any special transportation arrangements you have made:

\_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any medication, allergies or illness: \_\_\_\_\_

\_\_\_\_\_

Any medication to be brought and taken during camp: \_\_\_\_\_

\_\_\_\_\_

**MEDICATION MUST BE IN ORIGINAL BOTTLE WITH INSTRUCTIONS ON LABEL!**  
**(A Dispensing Medication Form must be filled out before the start of camp.)**

**Return this form to your child's coach on the first day of camp!**