

**ELMHURST PARK DISTRICT – ULTIMATE SPORTS CAMP CAMPER INFORMATION FORM**

**PLEASE FILL OUT ONE FORM PER CHILD. TURN IN TO YOUR CAMP DIRECTOR ON THE FIRST DAY YOUR CHILD ATTENDS CAMP. PLEASE DO NOT TURN IN TO THE PROGRAM MANAGER OR THE FRONT DESK.**

Child's Name \_\_\_\_\_ / / \_\_\_\_\_  
(Last) (First) (Birthdate) (Grade Entering 2018) (School)

Parent's Name \_\_\_\_\_ Hm. Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Wk. Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent's Name \_\_\_\_\_ Hm. Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Wk. Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

Please check this box if your child has any special needs (physical, behavioral, cognitive, processing, social/emotional or communication.) If yes, please describe below.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions or health concerns? Yes  No  Please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? Yes  No  Please list and describe any possible reactions to exposure: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication? Yes  No  Please list: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS/ADULTS AUTHORIZED TO PICK UP YOUR CHILD (At least one other than parents above.)**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**I have read the Ultimate Sports Camp Parent Handbook and will abide by all policies.** \_\_\_\_\_  
Parent Signature Date