

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 2020) (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