



CAMPER INFORMATION FORM

CAMPER NAME: _____

CAMP INFORMATION

Program *(select all that apply)*

- Ultimate Sports Camp
- Girls Gymnastics Camp
- Dance Intensive Camp
- Mighty Mites Tennis Camp
- High School Tennis Camp
- Ultimate Sports Camp-All Stars
- Boys Gymnastics Camp
- Summer Fun Dance Camp
- Jr/Sr Academy Tennis Camp
- Jr. Golf Camp
- Summer Break Dance Camp
- Youth Summer Tennis Camp
- Swim Camp

CHILD INFORMATION

Child's Name: _____
(First) (Last) (Name to be used/Nickname)

Birthdate: ____ / ____ / ____ Age: ____ Grade Entering in Fall: ____

Address: _____ School: _____

Guardian Name: _____ Relationship to Child: _____

Guardian Primary Phone #: _____ Guardian Secondary Phone #: _____

Address: _____

Email: _____

Guardian Name: _____ Relationship to Child: _____

Guardian Primary Phone #: _____ Guardian Secondary Phone #: _____

Address: _____

Email: _____

EMERGENCY CONTACTS/ ADULT AUTHORIZED PICK-UPS *(Must provide at least one other person that those listed above.)*

Local Emergency Contact:

Name: _____ Phone: _____ Relationship to Child: _____

Authorized Pick-Up List:

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

Is there anyone who is NOT authorized to pick-up your child? If yes, please list the name(s) below:



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INCLUSION NEEDS

Does your child have any special needs (physical, behavioral, cognitive, processing, social/emotional, or communication.) Yes No

If yes, please describe inclusion needs and contact Sean Tovey, Program Supervisor of Inclusion at stovey@epd.org, 630-993-8670:

MEDICAL NEEDS

Does campers have any allergies, food or environmental. Yes No

If yes, please list and describe any possible reactions to exposure:

Does camper have any medical conditions or health concerns, we should be aware of: Yes No

Will medication need to be administered while at camp? Yes No

If yes, please complete the Medication Dispensing Form at <https://www.epd.org/programs/camps>.

Is there anything else you would like us to know about your child? Yes No

I have read and agree to the Permission to Dispense Medication, Elmhurst Park District Family Handbook for Camps, all of which can be found at <https://www.epd.org/programs/camps>. I understand that my signature and acknowledgement is required below to participate in Elmhurst Park District Camps.

Acknowledgement Signature

Relationship to Child

Date

Please e-mail to tdalessandro@epd.org by June 1