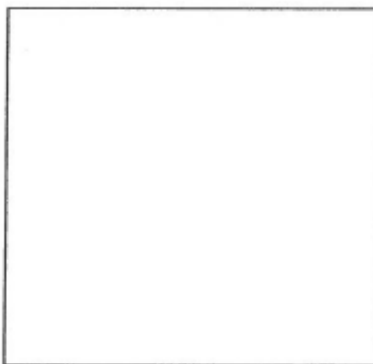




Bartlett Park District Camp Emergency/Information Form



ATTACH CURRENT PHOTO HERE

In order for Staff to meet the needs of your children please complete the following information.

Participants Name: _____ Nickname: _____

Age: _____ Gender: _____ Birth date: _____ Grade: _____

Home Address: _____

E-mail: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

In case of emergency when parents are not available please call: _____

Relationship: _____ Cell Phone: _____

Please list any allergies (seasonal, food, medicines) we should be aware of: _____

The campers will be swimming each day at Splash Central. Please circle the most accurate description of your child's swimming abilities:

Non-swimmer Beginner Intermediate Advanced

My child will be picked up daily by: _____

The following people have permission to pick up my child:

Names: _____

Is there anyone that is restricted from picking up your child from camp? Yes No

Name: _____ Relationship: _____

In the interest of safety, Staff may require to see a photo ID from the person picking up before allowing your child to leave camp. If someone other than yourself is picking your child up please advise that they may be asked to show a photo ID. Please do not be offended by this request.

Parent/Guardian Signature: _____ Date: _____