

Camp Authorization

Please check camp and all sessions that your child(ren) have registered for and indicate which days of the week they will be in attendance. Kiddie Kamp Junior Camp Mor Gro Teens Camp S'More Extended Rise-n-Shine



Sess 1 Full-Time Part-Time Days _____ Sess 3 Full-Time Part-Time Days _____
Sess 2 Full-Time Part-Time Days _____ Sess 4 Full-Time Part-Time Days _____

GENERAL INFORMATION

Child's Name: _____ Birthdate: ____/____/____ Grade entering next Fall: _____

Address: _____ City: _____ Zip: _____

Phone #: (home) _____ E-mail address: _____ School: _____

Mother's Name: _____ Phone #:(work) _____ (cell) _____

Father's Name: _____ Phone #:(work) _____ (cell) _____

Allergies, diseases, disorders, or disabilities: _____

Activities child should not participate in: _____

Special circumstances the Park District should be aware of: _____

Does your child require special assistance? Yes No _____

Does your child require medication during program hours? Yes No
(if Yes, Medication Dispensing Information Form must be completed)

Indicate mode of transportation leaving camp: By Parent Car Pool Bus Riding Bike Walk/Rollerblade

EMERGENCY CONTACTS: Include all authorized individuals to be contacted if unable to reach parents.

1. Name: _____ Phone (work) _____ (home) _____

2. Name: _____ Phone (work) _____ (home) _____

AUTHORIZED INDIVIDUALS: Include all authorized individuals to pick up child from program other than parents or emergency contacts. Children will **ONLY** be released to persons listed below.

1. Name: _____ Phone (work) _____ (home) _____

2. Name: _____ Phone (work) _____ (home) _____

EMERGENCY TREATMENT RELEASE: As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs emergency medical treatment and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child, However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed. I declare that I exercised my own judgement in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the Morton Grove Park District or its employees, agents or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Signature of Parent/Guardian: _____ Date: _____

SWIM INFORMATION SHEET

Camper Name: _____

Camp Attending (please circle): JUNIOR MOR GRO TEENS

SWIM LEVEL

____ Unable to swim -flotation device needed

____ Beginner Swimmer – comfortable in water level below the chin

____ Intermediate Swimmer – comfortable in water over their head

____ Advanced Swimmer – No Restrictions

My child has permission to do the following:

Water Slide ____ Yes ____ No Diving Board ____ Yes ____ No

Additional Notes: _____

Date

Parent/Guardian's Signature

Note: We understand that throughout the summer your child may advance in his/her swimming skills. Please speak to your child's counselor if this sheet needs to be updated.