

Lisle Park District Camp Summer Quest 2009

Camper Information Form

Please return to Camp Director on the first day of camp

Child's Name _____ Home Phone _____

Address _____ Cell Phone _____

Age _____ Birth Date _____ Grade in Fall 2009 _____ Gender _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Email address _____

In case of emergency and we are unable to contact either parent

Name _____ Daytime Phone _____

Relationship _____ Cell Phone _____

Name _____ Daytime Phone _____

Relationship _____ Cell Phone _____

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

Does your child use any medication that he/she will be bringing with them to camp? _____

Are there any special needs your child has that may limit his/her success in the program?

Any likes/dislikes or fears your child may have: _____

We will be swimming most days during camp. Please circle the word that most accurately describes your camper's swimming abilities:

Non swimmer

Beginner

Intermediate

Advanced

(over)

Camper's Name _____

The following people have permission to pick up and transport my child:

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Is there anyone restricted from picking up your child from camp? _____

Name _____ Relationship _____

Please let us know of any changes that occur during camp regarding your information above.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Camp Summer Quest, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the Camp Summer Quest, including, but not limited to, field trips, and transportation services, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the Camp Summer Quest and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the Park District and its officials, employees, agents, servants and volunteers as a result of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s).

I have read and fully understand the above program details and Waiver and Release of All Claims and Assumption of Risk.

Parent/Guardian signature _____ Date _____