



Camper Emergency Form

Summer 2024

Participant Name	Gender	Birthdate

Address:		
City:	State:	Zip Code:

Please check ALL camps your child will be attending this summer:

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|--|--|--|
| <input type="checkbox"/> Terrific 2 be 2 Camp | <input type="checkbox"/> Busy Bees Camp (3-4 yrs.) | <input type="checkbox"/> Fabulous 4s Camp |
| <input type="checkbox"/> Adventure Camp (5-7 yrs.) | <input type="checkbox"/> Day Camp (Half Day) | <input type="checkbox"/> Day Camp (Full Day) |
| <input type="checkbox"/> Sports Camp (Half Day) | <input type="checkbox"/> Sports Camp (Full Day) | <input type="checkbox"/> Teen Sports Camp |
| <input type="checkbox"/> Early Bird Camp | <input type="checkbox"/> Stay & Play Camp | <input type="checkbox"/> End of Summer Mini Camp |

Parent/Guardian Information

Guardian 1 Information	Name:
Primary Phone:	Secondary Phone:
Email:	<input type="checkbox"/> Check box if authorized to pick up child

Guardian 2 Information	Name:
Primary Phone:	Secondary Phone:
Email:	<input type="checkbox"/> Check box if authorized to pick up child

Emergency Contact

Emergency Contacts must be persons other than parents/guardians listed above

Name:	Relationship to Child:
Primary Phone:	<input type="checkbox"/> Check box if authorized to pick up child

Name:	Relationship to Child:
Primary Phone:	<input type="checkbox"/> Check box if authorized to pick up child

Name:	Relationship to Child:
Primary Phone:	<input type="checkbox"/> Check box if authorized to pick up child

Authorized Pickup Information

If any additional people are authorized to pick up your child, please complete this section. (Optional)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

My child is allowed to sign them self in/out of camp each day.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature:	Date:
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Medical & Health History

Please check all that apply. Include specifics where applicable.

[illegible]

Are there any special family circumstances we should be aware of (i.e. divorce, recent move, etc.)?

I have read and understand the Summer Camp Parent Handbook and agree to the Grayslake Park Districts Behavior Management Policy listed in the handbook.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature:	Date:
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I give my permission for my child to receive necessary health care and emergency medical treatment. This Camper Emergency Form is complete and accurate. I will not allow my child to attend if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

Parent/Guardian Signature: _____ Date: _____