

BERWYN PARK DISTRICT EMERGENCY FORM

Home Address:	Zip Code:
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CAMPER #1 (CIRCLE ONE) HAPPY CAMPER ADVENTURE

First Name:		Last Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate: <small>(MM/DD/YY)</small>	School (fall):	Grade (fall):
Allergies:		Can your child swim? YES NO	Immunizations up to date? YES NO
Does your child have any special needs, dietary restrictions or are any special circumstances we should be aware of?			Any medications we should be aware of?

CAMPER #2 (CIRCLE ONE) HAPPY CAMPER ADVENTURE

First Name:		Last Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate: <small>(MM/DD/YY)</small>	School (fall):	Grade (fall):
Allergies:		Can your child swim? YES NO	Immunizations up to date? YES NO
Does your child have any special needs, dietary restrictions or are any special circumstances we should be aware of?			Any medications we should be aware of?

CAMPER #3 (CIRCLE ONE) HAPPY CAMPER ADVENTURE

First Name:		Last Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate: <small>(MM/DD/YY)</small>	School (fall):	Grade (fall):
Allergies:		Can your child swim? YES NO	Immunizations up to date? YES NO
Does your child have any special needs, dietary restrictions or are any special circumstances we should be aware of?			Any medications we should be aware of?

Parent/Guardian Information

Parent/Guardian Name:	E-mail:	
Parent/Guardian Address: <i>(if different from camper)</i>		
Phone:	Work:	Cell:
Parent/Guardian Name:	E-mail:	
Parent/Guardian Address: <i>(if different from camper)</i>		

Phone:	Work:	Cell:
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Emergency Contact Information

Please list emergency contacts (other than the parents). Parents will be contacted first.

Name #1:	Phone:	Can pick up my child Yes No
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Relationship to Camper:

Name #2:	Phone:	Can pick up my child Yes No
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Relationship to Camper:

Physician:	Phone:
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ALL CAMPS

Please list individuals authorized to pick your child up after camp *in addition to parents/emergency contacts* (A Photo ID is requested from the individual at pickup.):

Name	Relationship to Camper

Emergency Transportation Notice

Please note that in the event you or the designated emergency contact cannot be reached within 15 minutes of injury, the paramedics will take the camper to the local hospital. If on a field trip, the camper will be transported to the closest area hospital, by paramedics.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in the Berwyn Park District's Summer Day Camp Program 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 because 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 because 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 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.

Authorization

I hereby consent to the use of my photograph in the Berwyn Park District brochures, publications, slide presentations, etc.

I further agree to abide by all policies and procedures set forth by the Recreation Department in the Day Camp Parent Manual as well as the Day Camp Behavioral Guidelines. I have read and understand the parent manual and agree to follow all policies and procedures set forth in the manual.

Medical Release: In the event that no one can be reached, I hereby give my permission for my child to receive necessary emergency transportation and/or treatment. I agree to the emergency transportation notice of this form.

I, as the signer/authorized guardian, agree to all aforementioned information.

SIGNATURE: _____ **DATE:** _____