

Village of Antioch Parks & Recreation Department

Camper Information Form

Summer Day Camp

Child's Name _____
(Last) (Nickname) (M / F)

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Grade entering in Fall 2015 _____

Kiddie Kamp _____ Camp Sunshine _____ Antioch Adventures _____ Teen Travelers _____
Please check one

Parent / Guardian Information:

Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Medical Information:

Will your child need to take medication during camp hours? _____ **Yes** _____ **No**
(If YES, a Medical Consent and Release Form will need to be completed)

Does your child have any physical limitations, allergies, food restrictions or any other needs the staff should be aware of? _____ **Yes** _____ **No**

If your child has allergies, please provide addition information. _____

Sunscreen:

_____ I give the staff of the Village of Antioch's Summer Day Camp permission to apply sunscreen to my child's **shoulders, face, neck and back only**.

_____ I **Do Not** give the staff of the Village of Antioch's Summer Day Camp permission to apply sunscreen to my child. My child will apply his/her own sunscreen.

Diving Board & Slide:

_____ I give permission for my child to use the diving board and slide at the Antioch Aqua Center.

_____ I **Do Not** give permission for my child to use the diving board and slide at the Antioch Aqua Center.

Pickup Authorization:

Other than those listed on the front of this form please list the names of those who are able to pickup your child from camp. I understand that if I do not pick-up my child by 6:10 p.m. and cannot be reached, the Summer Day Camp staff will call these people to come and pick-up my child. People not on this list will not be allowed to pick-up my child.

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

Emergency Contacts:

Other than those already listed, please list the names of those who are able to pickup your child within 20 minutes.

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

Under **NO** circumstance will the following people be allowed to pick-up my child. **Please alert me if they try to do so.**

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

Person(s) responsible for paying the summer day camp fees for this child is:

Name_____

I agree to abide by all the contents of the Village of Antioch's Summer Day Camp Parent Manual.

Signature

Date