

DAY CAMP EMERGENCY INFORMATION

Circle the camp & days you are selecting 5 days (M thru F) or 3 days (M/W/F)

CAMPER #1 Name: _____ **Grade entering in Fall 2019** _____

Male Female

Camp / Grade	Before Camp	Buddies/1 to 2	Voyagers/3 to 4	Adventurers/5 to 7	Summer Pals
Session 1	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day
Session 2	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day

1. Is your child a swimmer? Yes _____ No _____
2. Does your child take any medication (over the counter or prescribed)? Yes _____ No _____
 If yes, please specify: _____
 (Medication Form must be completed if being administered at camp.)
3. Does your child have allergies? Yes _____ No _____
 If yes, please list: _____
4. T-shirt size Child sizes **not** available for Adventurers (CIRCLE SIZE)
 (T-shirt sizes are not guaranteed after May 1)
 Child: S (6/8) M (10/12) L (14/16) **OR** Adult: S M L XL XXL

CAMPER #2 Name: _____ **Grade entering in Fall 2019** _____

Male Female

Camp / Grade	Before Camp	Buddies / 1 to 2	Voyagers / 3 to 4	Adventurers / 5 to 7	Summer Pals
Session 1	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day
Session 2	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day	5 day 3 day

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Camper's Home Address: _____

Father/Guardian's Name: _____ Mother's Name: _____

Home#: _____ Cell#: _____ Home#: _____ Cell#: _____

Business#: _____ Business#: _____

If we need to contact you during Day Camp hours, who should be contacted first? (CIRCLE ONE)

Father Mother Guardian

In case of emergency, if parental contact is not made, please call:

Name & Relationship: _____ Phone: () _____

Name & Relationship: _____ Phone: () _____

I give permission for my child to be transported on the bus for scheduled swim days to Centennial Park Aquatic Center and field trip destinations to be announced. If I cannot be reached or there is insufficient time to contact me, I give my consent to the Village of Orland Park Recreation Department in the event of any accident or emergency to seek and procure whatever emergency care or treatment deemed reasonably necessary at the time. I agree to the permission stated, and agree to pay medical bills arising from such treatment. My child and I agree to read the Day Camp Procedures and Discipline Policy available upon registration. We understand and agree to abide by them, plus acknowledge that the appropriate consequences will be implemented if necessary.

Parent/Guardian Signature: _____ Date: _____ Staff Initial: _____