

# 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