

Summer Camp Emergency Form 2024 Please complete a separate form for each child

Participant's Name	Sex	Birth	ıday	Grade ii 24/25	n	Camp Name(s): (i.e.: KEEP, The ZONE, Preschool, etc.)	
				24/23		(i.e., KEET, The ZOIVE, Treschool, etc.)	
Parent/Guardian Email Address(es): List all emails that you want for future invoices.	, receipts a	nd other	r comm	unication. Please	writ	te clearly.	
Parent/Guardian #1 : Name :				Cell #:		Alt #:	
Home Address:				City:		Zip:	
Parent/Guardian #2: Name : Home Address:				Cell City:	#:	Alt #: Zip:	
Preferred First Contact Method in th							
		ole OT	HER	than Parent/C	Gua	ardian. Parent/Guardians will always be	
contacted first in the event of emerge Name:	• /			Phone:			
Name:Phone:							
Who, other than those listed above Name(s):	_					-	
Name(s):	add addi	tional 1	names	Phone:_ please write the	m o	on the back of the form.	
				Additional In	for	mation:	
Does your child have any special needs EP, 504, etc.)? f yes, please give additional information elp assist the BPD staffs/counselors.		Yes	No				
Does your camper need any ccommodation in accordance with the LDA to effectively participate?	e	Yes	No	If yes, please	coi	ntact program supervisor.	
oes your child have any allergies?		Yes	No	If yes, please regarding the		t all allergies and additional information llergy:	
s your child taking any medications*?		Yes	No	Additional In	for	mation:	
Vill it need to be administered at rogram/camp?		Yes	No	supervisor an Form & Waiv	ıd c ver.		
s there further information that you elieve will be helpful to staff in nderstanding and caring for your chi		Yes	No	Additional In	for	mation:	

			nded according to the Pool Manager's discretion. een Camp. ALL other camps do NOT swim.				
Non-Swimmer	Beginner	Intermediate	Advanced				
Permission for staff to	o assist with PARENT IS	SSUED sunscreen/bug sp	pray (not applicable for Preschool Camps):				
applyii No , Ba	ng sunblock/bug spray tha	at I provide from home or ff may not assist my child	Barrington Park District Staff to assist my child in provided by the camp (see below). d in applying sunblock/bug spray.				
Permission for child t	o use BPD ISSUED Sun	screen (not applicable fo	or Preschool Camps):				
Coppertone SPF 50 Sp Yes, I (Coppe shade s	oray Lotion may be availagive the Barrington Parkertone). I understand that and miss out on outdoor a do not give the Barrington	ble for your child to use. In District permission to let a lift the sunscreen is not avactivities and swimming the Park District permission have any they will have to	t sunscreen is forgotten or runs out during the day The BPD does not provide bug spray. my child use the above listed sunscreen allable that day that my child will have to sit in the nat day. to use the above listed sunscreen. I understand that to sit in the shade and not participate in outdoor				
	WAIVERS:						
physician selected by I	Barrington Park District to I(ren). I/We will be respon	hospitalize, secure prope	n EMERGENCY, I hereby give permission to the er treatment for, and to order injection, anesthesia, medical charge upon receipt of the statement. Date:				
contact, substantial physical physician prior to participatin in which, despite careful and upon a person's physical concomplete, but includes some strain and other muscle injur against injuries sustained by child/ward for participation i arising out of the program(s) discharge any and all claims to the registrant, which may a BARRINGTON PARK DISTANTINGTON PARK DISTANTING	exertion, emotional stress and/oring in Barrington Park District act proper preparation, instruction, indition, age and skill level, aerobo of the more common ones: hear ies, foot problems, head and nect program participants. Please rea in the park district program(s), you. I give permission for my child/against the Barrington Park District program or special event. I give my child photos and videotapes will real ty UNDERSTAND THE WAI	ruse of equipment which repressed tivities. This includes the addition medical advice, conditioning an ics can involve a substantial risk attack, stroke and circulatory poor kinjuries. I understand that the I do the following information care out will be waiving and releasing ward/self to participate in this puriet or School District, its commington Park District programs. I understand that my child/ward permission for photos and video main the property of the Barrington VER, warning of risk, assumption sequired to take part in Park D	ion of risk and waiver and release of all claims. I understand District programs. If submitting this form electronically, my				
_	nature:						
			eading and adhering to all Barrington Park				
District program poli		· •					
	erein (not applicable for		(ren) will read and agree to abide by the				