

# Sport's Camp Emergency Form

*When registering for Sport's Camp please return this form with your registration!*

## Emergency Information Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Campsite: \_\_\_\_\_ Program Code: \_\_\_\_\_

Person(s) authorized to pick up your child or to be notified in case of emergency (other than parents). Photo identification will be required. **Please note, your child will only be allowed to leave camp with those persons listed below!**

Name	Relationship (to child)	Address	Phone#
1. _____			
2. _____			
3. _____			
4. _____			

Please list any health problems, allergies, habits, or other considerations that the director should be aware of: \_\_\_\_\_

May your child have his/her picture taken at camp by the staff? YES or NO

My child will be walking or riding a bike to camp on a daily basis? YES or NO

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Child's information**

Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

*Please indicate YES or NO with your initials the swim areas you feel comfortable having your child swim in. The Oak Lawn Park District Aquatic Staff has the right to change your child's swim form based on his/her ability demonstrated at the pool. Please indicate NO to the diving board if your child cannot swim in the deep end of the pool.*

- \_\_\_\_\_ Yes \_\_\_\_\_ No baby pool
- \_\_\_\_\_ Yes \_\_\_\_\_ No 3 feet – "big pool"
- \_\_\_\_\_ Yes \_\_\_\_\_ No 4 feet – "big pool"
- \_\_\_\_\_ Yes \_\_\_\_\_ No 5 feet – "big pool"
- \_\_\_\_\_ Yes \_\_\_\_\_ No Diving Boards– "big pool"
- \_\_\_\_\_ Yes \_\_\_\_\_ No Slide– "big pool"

Does your child know how to swim? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child taken formal swim lessons? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any additional information that would be helpful to know about your child's swimming ability, swimming history and/or water experience in general.  
\_\_\_\_\_

**Parent Signature** \_\_\_\_\_