

Cover Sheet: Page 1

My Child Will Be Attending

(Please circle for each session- if a child is in a different camp session two than he/she was in session one, separate Camper Data Forms will have to be provided to the new director session two)

Session 1: Road Trip- Sports Camp- Girlfriends- Extended Camp- Kid Zone

Session 2: Road Trip- Sports Camp- Girlfriends-Extended Camp - Kid Zone

My Child's Name Is: _____

My Name is (Guardian): _____

Please Place Clear
Photo
of Child Here.
Thank you!

I can be reached at the following in case of urgency during camp hours:

() _____ **Email:** _____

Camp Transportation Authorization

The following people have permission to transport my child during days when a note to do so is provided:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

My child is allowed to walk home from camp at the end of the camp day Yes No *please circle one*

My child is allowed to bike home from camp at the end of the camp day Yes No *please circle one*



Participant Conduct Policy: Page 2

The Vernon Hills Park District reserves the right to suspend, expel or deny participation in any program, event or facility to any person whose behavior materially interferes with, or disrupts the quality of those offerings, the enjoyment of them by other participants, or the ability of staff to conduct or manage the activities or facility. Parents, please take a few moments to go over these steps with your child.

1. A child's parent or guardian shall be notified of the first incident.
2. The second incident shall require the presence of a parent or guardian at a meeting with the Camp Director and a Park District Administrator / Supervisor.
3. A third incident will result in an expulsion or suspension of the child from the camp, program, event or facility.

If a child engages in behavior which poses a threat of bodily harm to themselves or to others, an immediate meeting with the parent or guardian may be called. If such behavior warrants it, immediate suspension or expulsion may result.

I have read and understand the Participant Conduct Policy of the Vernon Hills Park District.

Parent/Guardian Signature

Camper's Signature



Medical Information: Page 3

Please complete this form and return it to the Vernon Hills Park District Office, 635 North Aspen Drive, Vernon Hills, IL 60061 or fax to (847) 996-6801. One form per child please

Child's Name _____ Age ____ Birth Date _____

Grade in Fall _____

Address _____

Parent/Guardian _____

Home #: _____ Work #: _____

Cell # _____

Emergency Name _____ Phone _____

ALLERGIES

Does your child have known allergies? ***YES _____ NO _____

MEDICATIONS

Will your child be taking medication while at camp? ***YES _____ NO _____

***IF YES, please visit our website at <http://www.vhparkdistrict.org/programs/summer-camp.asp> for Medication & Policy Waiver Form &/or our Allergy Form.

Are there any physical, mental, medical conditions or limitations you would like us to be aware of? Any fears, anxieties or concerns you'd like us to know about, to help make your child's camp experience a good one? This information will only be shared with the supervisor, camp director and camp counselor. Feel free to use the back if needed.