



Male

Female

Child's Name

Please circle

Child's birth date

Grade entering in fall

Age

T-shirt size

Mother/Guardian

Mom/Guardian cell phone

Father/Guardian

Dad/Guardian cell phone

**Alternate Emergency Contacts/Approved Pick-Up:**

1. Name

Phone Number

Relationship

2. Name

Phone Number

Relationship

**Allergies/Special Needs:**

**Swim Level (please circle):**

**Beginner**

**Intermediate**

**Advanced**

**Permission & Consent:**

Field Trip Permission:

My child has permission to be transported by the day camp staff in the LindenHurst Park District bus and Durham Buses for field trips. I also authorize the LindenHurst Park District staff to leave the camp site with my child or ward for the purpose of park visits or excursions under staff supervision.

First Aid/Emergency Transport/Medial Care Consent:

While under the care and supervision of the LindenHurst Park District staff, I give my consent for the LindenHurst Park District to administer First Aid to my child as needed. I give parental consent for staff members to take my child to the nearest hospital or medical clinic to receive the necessary medical attention. If unable to contact either parent or for immediate emergencies, I give my permission to the LindenHurst Park District staff to call 911 to transport my child to the nearest hospital. I will be responsible for any costs incurred relating to the medical care provided.

My child has permission to walk or ride a bike home daily \_\_\_ (Check if applicable)

I give permission to camp staff to assist my child in the application of sunscreen \_\_\_ Yes \_\_\_ No

I have read and fully understand the important information listed on this card, warning risk, assumption of risk and waiver and release of all claims. I agree that I have reviewed and will abide by the contents of the Summer Camp Parent Handbook. If registering a minor participant, I further attest that I have read this card and the Summer Camp Parent Handbook to my minor child/ward.

Signature

Print Name

Date