



# Summer Camp Emergency Form 2024

Please complete a separate form for each child

Participant's Name	Sex	Birthday	Grade in 24/25	Camp Name(s): (i.e.: KEEP, The ZONE, Preschool, etc.)

**Parent/Guardian Email Address(es):** \_\_\_\_\_  
 List all emails that you want for future invoices, receipts and other communication. Please write clearly.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1 : Cell #: \_\_\_\_\_ Alt #: \_\_\_\_\_ Address: \_\_\_\_\_  
 (if different than above)

Parent/Guardian #2: Cell #: \_\_\_\_\_ Alt #: \_\_\_\_\_ Address: \_\_\_\_\_  
 (if different than above)

**Preferred First Contact Method in the event of an emergency:**  Phone Call  Text Message

**Emergency Contacts (must list at least 2 people OTHER than Parent/Guardian. Parent/Guardians will always be contacted first in the event of emergency).**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who, other than those listed above, has permission to pick up your child(ren) from Camp?**

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

*If you need to add additional names please write them on the back of the form.*

<b>Does your child have any special needs (i.e.: IEP, 504, etc.)?</b> <b>If yes, please give additional information to help assist the BPD staffs/counselors.</b>	Yes    No	<i>Additional Information:</i>
<b>Does your camper need any accommodation in accordance with the ADA to effectively participate?</b>	Yes    No	<i>If yes, please contact program supervisor.</i>
<b>Does your child have any allergies?</b>	Yes    No	<i>If yes, please list all allergies and additional information regarding the allergy:</i>
<b>Is your child taking any medications*?</b>  <b>Will it need to be administered at program/camp?</b>	Yes    No  Yes    No	<i>Additional Information:</i>  <i>If medication has to be administered, please contact the camp supervisor and complete a "Permission to Dispense Medication Form &amp; Waiver."</i>
<b>Is there further information that you believe will be helpful to staff in understanding and caring for your child:</b>	Yes    No	<i>Additional Information:</i>

**Camper's Swim Level:** Your child will still be swim tested and wrist banded according to the Pool Manager's discretion. Please note: **Only applicable for K.E.E.P. Camp, Wacky Water and Teen Camp. ALL other camps do NOT swim.**

Non-Swimmer       Beginner       Intermediate       Advanced

**Permission for staff to assist with PARENT ISSUED sunscreen/bug spray (not applicable for Preschool Camps):**

\_\_\_\_\_ **Yes, if requested** by my child, I give permission for the Barrington Park District Staff to assist my child in applying sunblock/bug spray that I provide from home or provided by the camp (see below).

\_\_\_\_\_ **No**, Barrington Park District Staff may **not** assist my child in applying sunblock/bug spray.  
Permission for child to use BPD issued SUNSCREEN:

**Permission for child to use BPD ISSUED Sunscreen (not applicable for Preschool Camps):**

Campers should bring sunscreen and bug spray to camp daily. In the event sunscreen is forgotten or runs out during the day *Coppertone SPF 50 Spray Lotion* may be available for your child to use. The BPD does not provide bug spray.

\_\_\_\_\_ **Yes**, I give the Barrington Park District permission to let my child use the above listed sunscreen (Coppertone). I understand that if the sunscreen is not available that day that my child will have to sit in the shade and miss out on outdoor activities and swimming that day.

\_\_\_\_\_ **No**, I do **not** give the Barrington Park District permission to use the above listed sunscreen. I understand that if my child runs out or does not have any they will have to sit in the shade and not participate in outdoor activities or swimming that day.

**WAIVERS:**

**PARENT'S AUTHORIZATION:** In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by Barrington Park District to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child(ren). I/We will be responsible for the emergency medical charge upon receipt of the statement.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT:** By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Barrington Park District activities. This includes the additional warning for aerobic activities. Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the park district program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I give permission for my child/ward/self to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Barrington Park District or School District, its commissioners, employees, and volunteers for damages and/or injuries to the registrant, which may arise from participation in Barrington Park District programs.

**BARRINGTON PARK DISTRICT PHOTO RELEASE:** I understand that my child/ward or I may be photographed or videotaped while participating in a Barrington Park District program or special event. I give my permission for photos and videotapes of my child/ward or myself to be used to promote the Barrington Park District. Such photos and videotapes will remain the property of the Barrington Park District.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER, warning of risk, assumption of risk and waiver and release of all claims. I understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs. If submitting this form electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I understand that both myself and my child(ren) are responsible for reading and adhering to all Barrington Park District program policies and procedures.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I will read the Camp Parent Handbook and both myself and my child(ren) will read and agree to abide by the guidelines set forth therein (not applicable for Preschool Camp).**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_