

CITY OF EVANSTON

2009 SUMMER CAMP

EMERGENCY FORM

Please attach
a current photo
of your child
here.

Please fill out one emergency form per camper.

✓ Check ALL camps that your child will be attending (we'll make a copy for each camp).

☒ Please see the bottom of the other side for information about where to return this form.

Camp(s) attending:

GENERAL DAY CAMPS

- Blooming Campers Surf & Turf
Robert Crown Camp: Fun Factory Kid City

GENERAL SPORTS CAMPS

- Sports Camp Sports Mini-Camp (August)
 Pee Wee Sports A.M. at Bent Park
 Pee Wee Sports P.M. at Leahy Park

GENERAL CAMPS — PRESCHOOL

- Camp Kaleidoscope A.M. at Leahy Park
 Camp Kaleidoscope P.M. at Bent Park
 Summertime Creative Play
 Summertime Extreme

COUNSELOR IN TRAINING CAMPS

- Chandler-Newberger Aquatic Ecology

ARTS CAMPS

- Full-day Arts Camp
 YAP (Young Artist Program)
 Writers Workshop Snakes & Snails
 Princess Camp Pirate Camp
 Early Childhood

AQUATIC CAMPS

- Youth Camp Youth Mini-Camp
 Teen Camp Parent/Child AquaAction
 Adult Aquatic Adventures

ECOLOGY CENTER CAMPS

- Wildflower Kinglet
 EcoQuest EcoExplorer
 Summer Summit

SINGLE-SPORT CAMPS

- Basketball at Robert Crown Center
 Basketball at Chandler-Newberger Center
 Fencing Figure Skating
 Golf Hockey
 Lacrosse America Tennis
 Volleyball

CAMPS FOR THOSE WITH SPECIAL NEEDS

- Park Camp Camp R.E.A.L.
 S.N.A.P. Camp

MISCELLANEOUS CAMPS

- Battle of the Bands Chess Wizards
 Ultimate Adventure

Child's Name: _____ Age: _____ Sex: Male Female

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Child's Birthdate: ____/____/____ School attending in fall 2009: _____ Grade in fall: _____

Parent/Guardian: _____ Phone#: _____ Cell phone#: _____

Parent/Guardian: _____ Phone#: _____ Cell phone#: _____

Emergency Contact: _____ Relationship to child: _____

Phone#: _____ Cell phone#: _____

E-mail address: _____

Your e-mail address will be used only to communicate important information concerning recreational programs. It will not be given to any other City of Evanston departments or be used for solicitations. Please print!

Transportation Arrangement (fill out all areas that apply)

My child has permission to leave camp with the following people:

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

My child has permission to bicycle/walk to and from camp alone Yes No

Medical

Allergies Yes No If you checked yes, please request an Allergy Action form from your camp AND list information below.

Allergy: _____ Symptoms/management _____

Allergy: _____ Symptoms/management _____

Allergy: _____ Symptoms/management _____

Dietary restrictions

Yes No If this box is checked, we will make every attempt to work within your child's specific dietary restrictions

My child has the following dietary restrictions:

Medications

My child does not take any medication on a routine basis. My child will need to take medication while at camp.
(if checked, you must request a Medication Authorization form from your camp)

Does your child have any illnesses or injuries that may affect him/her at camp? If so, please explain:

Please describe any other information which maybe helpful to staff (i.e. special needs, fears, behaviors, etc.). If there is any additional information about your child that you would like to communicate to us, please attach written information to this form. Please send in this form and any other medication/allergy action forms well in advance of the start of camp so we can make our staff aware of your child's special circumstances.

LIABILITY WAIVER FOR PARTICIPANT

As a participant (or as a parent of a participant under 18 years of age) in the City of Evanston Parks/Forestry and Recreation Department Programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program(s), including transportation services/vehicle operation, when provided).

I do hereby fully release and discharge the City of Evanston, their officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me on account of my participation in the program(s).

I further agree to indemnify and hold harmless and defend the City of Evanston, their officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

I further understand that City of Evanston staff and Evanston Community Media Center staff may photograph/videotape participants in City of Evanston programs for promotional purposes. If you (or family members) don't want to be photographed or videotaped, please contact the Public Information Office at (847)448-8041.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Parent Signature: ✓ _____

Printed Name: ✓ _____ Date: _____

Please be sure to sign this form.

If you have any questions, please contact the City of Evanston Parks/Forestry and Recreation office at (847) 866-2900.

 **Through April 24, mail or drop off the form to: Evanston Recreation Division, Attn: Camp Emergency Form, 2100 Ridge Ave., Evanston IL 60201.**

PLEASE NOTE: In order to make sure this form will be in place when your child starts camp, if you are returning this form **on or after April 25**, please return it directly to the community center where your child will attend camp. If the camp will be held in a park or school, call (847) 866-2900 to be told where to return it.

