

CITY OF EVANSTON
2008 SUMMER CAMP
EMERGENCY FORM

Please attach
a current photo
of your child
here.

Please fill out one emergency form per camper. Please check all camps that your child will be attending this summer (we'll make copies for each camp) and return to: Evanston Recreation Division, 2100 Ridge Ave., Evanston IL 60201.

Camp(s) attending:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aquatic | <input type="checkbox"/> EcoExplorer | <input type="checkbox"/> Sports Camp & Sports Mini-Camp |
| <input type="checkbox"/> Arts (Note: YAP is teen camp) | <input type="checkbox"/> EcoQuest | <input type="checkbox"/> Summer Summit |
| <input type="checkbox"/> Basketball @ Robert Crown Ctr. | <input type="checkbox"/> Fencing | <input type="checkbox"/> Summertime Creative Play |
| <input type="checkbox"/> Basketball @ Chandler-Newberger Ctr. | <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Summertime Extreme |
| <input type="checkbox"/> Blooming Campers - Fleetwood-Jourdain Ctr. | <input type="checkbox"/> Golf | <input type="checkbox"/> Surf & Turf |
| <input type="checkbox"/> Camp Kaleidoscope | <input type="checkbox"/> Hockey | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Camp R.E.A.L. | <input type="checkbox"/> Kinglet | <input type="checkbox"/> Ultimate Adventure |
| <input type="checkbox"/> Chess Wizards | <input type="checkbox"/> Lacrosse America | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Counselor in Training - Aquatic | <input type="checkbox"/> Park | <input type="checkbox"/> Wildflower |
| <input type="checkbox"/> Counselor in Training - Chandler-Newberger | <input type="checkbox"/> Pee Wee Sports | <input type="checkbox"/> YAP (Young Artist Program) |
| <input type="checkbox"/> Counselor in Training - Ecology | <input type="checkbox"/> Robert Crown Day Camp | |

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Child's Birthdate: ____/____/____ School attending in fall 2008: _____ 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: _____

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

Please sign and return this form to: Evanston Recreation Division, 2100 Ridge Ave., Evanston IL 60201.

