

# Camp Information Sheet

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Sex: Male or Female (*Circle One*)

Mother's Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phones: \_\_\_\_\_

**List the names, relationship and phone number of any persons authorized to pick your child up from camp as well as take responsibility if neither parent can be reached when needed.**

Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Consent Form

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_

Age \_\_\_\_\_, do hereby give my permission and/or consent to the personnel of the Niles Park District Iceland staff to secure and authorize such emergency medical care and/or treatment as my child (*above named*) might require while under the supervision of said Iceland staff personnel. I also agree to pay all costs and fees contingent on any medical treatment of my child as secured or authorized under this consent.

## Walks & Excursions

Camper has permission to take walks or excursions to points of interest under proper supervision of Iceland staff personnel; this also includes permission for my child to ride in a Niles Park District vehicle needed for such excursions.

## Swim Permission

Camper listed above under counselor supervision has my permission to participate in open swimming and aquatic related activities.

## Broom Ball Permission

Camper has permission to participate in Broom Ball under Niles Park District Iceland staff supervision. Broom Ball is played on the ice. Gym shoes and helmets are required to participate in broom ball.

## Camper Public Release Form

Camper may be included in any pictures taken and they may be used to interpret the Iceland programs through the press and other media. Any such photography will be done under the direct supervision of the Iceland staff.

I understand that IceLand summer camps hours are from 900 am-400 pm. I agree to pay the fees associated with before and after care for any child dropped off early or picked up late. IceLand will not be open before 700 am for early drop off and will be closed at 600 pm for after care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Let's Get Acquainted**

1. Does your child have allergies?     YES   NO

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2. Does your child require medication during program hours? YES   NO

(If "Yes", Medication Dispensing Information Form must be completed.)

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3. Please list anything else you would like us to know about your child?

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4. Rate your child's present swimming ability. Please circle your choice

0	1	2	3	4
No Experience				Excellent Swimmer

5. Does your child need any accommodations in accordance with the American Disabilities Act to participate in our camp?   YES   NO

6. List your child's skating level, Blade Camp or hockey level, ALL Star hockey camp.

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7. Does your child need to rent skates or hockey equipment for camp?   YES   NO