

# "Camp Connect 4 Fun" Summer Camp - 2023

## Participant Information Form

Password
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**T-Shirt Size:**  Y-Small (6-8)  Y-Medium (10-12)  Y-Large (14-16) |  A-Small  A-Medium  A-Large  A-XLarge

Child's Full Name		Child's Age	Birth Date
Camp Attending: <input type="checkbox"/> Hakuna (entering 1 <sup>st</sup> - 2 <sup>nd</sup> ) <input type="checkbox"/> Matata (entering 3 <sup>rd</sup> - 4 <sup>th</sup> ) <input type="checkbox"/> MuFasa (entering 5 <sup>th</sup> - 6 <sup>th</sup> )			
Home Address		Primary Ph #	
Family Email(s)			
Mother's Name		Cell Ph #	
Place of Employment		Work Ph #	
Father's Name		Cell Ph #	
Place of Employment		Work Ph #	

**Additional persons that your child may be released to and that we can call in case of emergency.  
We MUST have at least two names and phone numbers.**

Name	Relationship	Ph #

**Custody Information** – Please list any conditions for custody, if applicable

Copy of legal papers on file <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Indemnification and Consent Agreement**

In consideration of permission given by the Fon du Lac Park District (Park District) for my child/ward to participate in the Summer Camp program I agree to hold the Park District and its officers, agents, servants and employees harmless and to indemnify the Park District for any and all claims from injuries, including death, damages or loss which may arise out of my child/ward's participation in the Summer Camp program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

**I hereby consent to the use of my minor/ward photograph in Park District brochures, publications, etc,**  
 Yes  No.

**Discipline:** Your child/ward is expected to have self-control, respect for others and cooperation skills. Physical harm toward other children and counselors will not be tolerated. If your child/ward does not obey the rules he/she will receive a written warning that must be signed by the parent. Disciplinary problems can lead to suspension and/or dismissal from summer camp.

**Payments:** I understand that payment in person is due **by Friday** for the up-coming week. **I understand that payments made on Mondays will be charged a \$15.00 late fee.** Online Payments are due no later than Sundays by NOON. A \$15.00 late fee will be accessed by the Latchkey manager if online payments are not received by that time. NO payments after Monday should be made online.

I hereby consent to my minor/ward being transported during camp by Park District vehicles and/or contracted school buses.

I hereby consent to my minor/ward participating in any/all activities including Field Trips and Pekin Dragonland / Morton Pool.

*I HAVE READ THIS DOCUMENT AND AGREE TO ITS TERMS.*

\_\_\_\_\_  
 Parent / Guardian Signature Date



## Medical Information

Physician's Name	Phone
Preferred Hospital	

List any allergies / medical conditions:


List any medications that your child takes – even if we will not be administering the medication to your child in case of emergency:


List any medications / times in which your child will be taking at Camp:


**NOTE: A doctor's note is required as well as the original medicine container**

I give my permission to the Fon du Lac Park District staff to administer the listed medications to my child.

*Parent*  
*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please List any additional information about your child that may be helpful (ie. sisters, brothers, pets, hobbies, etc...)
