Camper's Last Name _____

Please fill out and sign both the front and the back
Sides if this form and return it with your payment to:

North Riverside Recreation
2401 S. Des Plaines Avenue
North Riverside, IL 60546
(708) 442-5515

Camper Information Form

CAMP COMMONS

Child's Name _____
First **Last** **Gender**

Address _____ **City** _____

Phone # _____ **Birth Date** _____ **Grade entering in Fall** _____

Guardian's Names:

Mother _____ **Father** _____
First **Last** **First** **Last**

Mother's Address _____

Father's Address _____

Mother's Phone (H) _____ **(W)** _____ **(Cell)** _____

Father's Phone (H) _____ **(W)** _____ **(Cell)** _____

I understand that the Village of North Riverside, and the North Riverside Recreation Dept., and all the employees employed with or contracted by the Department and the Village are not liable for any accidents or injuries incurred. By either me or my child partaking in classes and trips, in and out of town, I assume all responsibility in case of injury, financial liability for medical expenses and property damage. By partaking in any recreation programs, I release, waive, absolve, and indemnify the above from any financial responsibilities. It is recommended by the Village of North Riverside that I review my own personal insurance policy to insure adequate coverage during all program activities. In addition, I hereby consent to the use of my picture or my child's picture to be used in North Riverside Recreation Dept. brochures, publications, and/or videos.

Refund Policy: Refunds for camp will be issued only if a replacement person is found. Spaces cannot be held. Please choose your sessions carefully. There is a $10.00 charge for transfers and cancellations. A Parent Manual will be provided at registration.

Signature _____

Camper's Name _____ **Camp** _____
First **Last**

Camper Information Form

Does your child have any allergies? _____ **Please Explain** _____

Is your child taking any medication we should know about? _____ **Please explain** _____

Does your child have any special needs? _____ **Please explain** _____

Who should be contacted in case of an emergency? _____
Name _____ **Phone** _____
Relationship to Camper _____

Physician _____ **Phone** _____

Hospital where child should be taken _____

Please Note: In the event that the parent or designated guardian cannot be reached within 15 minutes of injury, the child will be taken to Loyola Hospital by the North Riverside Paramedics. If on a field trip, camper will be transported to the closest hospital in the area.

In the event no one can be reached, I give permission for my child to receive necessary emergency treatment. _____
Signature

Please check. After camp is dismissed, my child will:
Be picked up _____ **or**
Be responsible for self (i.e., ride bike, walk home on own, etc.) _____

Who will be picking up your child after camp? _____
List any other individuals authorized to pick up your child _____

PLEASE NOTE: For the safety of your child, if anyone other than those individuals listed above will be picking up your child, you must either send a written note or call the Recreation Department at 442-5515. ID's will be requested. Thank you for your cooperation.