

Office use only-

Camp: _____

Before Camp: _____

Bridgeview Park District Emergency Form

TOT CAMP: Ages 3-5

Child's Name: _____ Age: _____

T-Shirt Size (please circle one): Youth Sizes: YS YM YL

Parent(s) Name: _____

Best phone number to be reached at: _____

Email Address: _____

Emergency Name: _____ Phone #: _____

Allergies: _____

Is your child on any medication? _____ If yes, what kind and for what condition? _____

Please list any personality traits (shy, moody, temperamental, etc.) about your child that the counselor should know & any other information you feel would be helpful:

Camper Release: Please list ALL the people allowed to pick up your child. During pick-up they will need to have your child's pick up card in their window. _____

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Campers in Pool

For the safety of all the campers, we need to know your child's swimming ability.

Tot Camp Children will be strictly in the baby pool.

Campers can bring a life jacket to swim in. All children should keep sunscreen in their backpack.

Counselors can assist them in applying it during pool time and time spent outdoors.

Would you like your child to participate in the weekly swim days? _____

Additional Information you would like us to know about your child and the pool: _____

Child's Name: _____

Parent Name (please print): _____

Parent Signature: _____

