NEW LENOX COMMUNITY PARK DISTRICT
Camp Sunshine 2021
Participant Information Form

Child's Last Name:_____ First Name:_____

Birth Date:_____ Age: _____

Address:_____ City:_____

Primary Phone Number:_____ Secondary Number:_____

Parent/Guardian Name:_____ Email Address:_____

Parent/Guardian Name:_____ Email Address:_____

Name/Phone Number of a **LOCAL** (in town) neighbor/relative to call in an emergency when a parent cannot be reached:____ Name:_____ Phone Number:_____

I understand that in the event of an emergency, every effort will be made by the **New Lenox Community Park District** to reach a parent first, however, if the Camp Leader determines that 911 must be called, it is the policy of the New Lenox Fire Department to transport to Silver Cross Hospital. **List any allergies/health problems your child may have; or home/custody situations (i.e. stepparent, single parent, etc.) that the Camp Leader should be aware of.**

_____

_____

FOR MEDICAL PURPOSES:
Doctor's Name:_____

Address/Phone Number:_____

Medical Group Name:_____Group & Identification Number:_____

Please initial:

_____ **Handbook Acknowledgement**—I have acknowledged that I have received and read the Camp Sunshine Handbook and understand the rules and guidelines that are stated within.

_____ **Discipline Policy**—I have discussed the rules/consequences which are stated in the Program Handbook for the Camp Sunshine program with my child

Three Strike Policy

Strike One: Written warning; parent signs form
Strike Two: Written warning; parent signs form; phone conference with Recreation Supervisor to discuss behavior modifications
Strike Three: Dismissed from the program; no refund given

Parent Signature:_____ **Date:**_____