

NAME OF CAMP _____

DATE OF CAMP _____

DEERFIELD TOWNSHIP PARKS & RECREATION DEPT.
PROGRAM PARTICIPANT INFORMATION SHEET

(Please Print)

Participant's Name: _____ Nickname: _____

Address: _____ City: _____ State: _____

Date of Birth: _____ Gender: _____ Age: _____ Grade this fall: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

School Attending: _____

Does the Participant need assistance to participate? (circle one) YES NO
(Township medication protocol must be followed if participants receive medication at camp.)

Please describe any other medical conditions you feel we should be aware of
(asthma, allergies, dietary restrictions, etc.)

Any additional comments or suggestions:

PLEASE COMPLETE THE BACK OF THIS FORM – RELEASE FORM

DEERFIELD TOWNSHIP

SUMMER CAMP

Liability/Medical/Photo Release Form

In consideration of Deerfield Township permitting my child to participate in Summer Camp, I hereby release the aforementioned entities from any and all injuries, damages or losses of any nature whatsoever in any manner connected directly or indirectly to Summer Camp and I agree to indemnify and hold harmless the aforementioned entities, their helpers and agents from any injuries, damages or losses arising or that my child may incur while participating in Summer Camp.

As the parent/legal guardian of _____, I request that in my absence the above named child be transported to any hospital or medical facility for diagnoses or treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry, or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above child. I have not been given guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named child.

Occasionally, we take photos of children at Summer Camp. By signing this form, the parent/legal guardian understands that these photos may appear on the Deerfield Township web site, local newspapers and the Deerfield Township newsletter and the parent/legal guardian gives permission for this to occur.

The parent/legal guardian understands that they are signing for the child listed on this form and the signature is for the Liability/Medical/Photo Release.

Signature of Parent/Legal Guardian _____

Date _____