

HIDDEN MEADOWS DAY CAMP HEALTH HISTORY FORM

Registration begins at 10:00 a.m. Monday, April 26 for residents and Monday, May 3 for nonresidents

Easy online registration via link at www.cwpd.org

Please complete this form and return to Park District Headquarters by noon the Monday prior to your child's camp start date. One form is required for each participant. Please check the week(s) and circle the session your child will be attending. You may copy this form or print from www.cwpd.org. **Weeks available for Preschoolers are June 28-July 2 and July 26-30 and printed in green.**

Camp Week	Theme	AM	PM	ALL DAY
June 21-25	Creek Week!	5-12 years	--	5-12 years
June 28-July 2	Nature Buds	3-9 years	3-9 years	--
July 6-9*	Walk on the Wild Side	5-12 years	--	5-12 years
July 12-16	Green Giants!	5-12 years	--	5-12 years
July 19-23	Take to the Sky	5-12 years	--	5-12 years
July 26-30	Beneath Our Feet	3-9 years	3-9 years	--
August 2-6	Slugs n' Bugs	5-12 years	--	5-12 years
August 9-13	The Last Hurrah	5-12 years	--	5-12 years

Camper's Name _____ M F

Street Address _____ Zip _____

Home Phone _____ Birthdate _____ Age _____

Parent/Guardian Name _____ Cell Phone _____

Alternate Contact Name _____ Cell Phone _____

Camper Friend (limit 1) _____ T-shirt Size: XS S M L AS AM AL

Email Address _____

Session Times

A.M. 9:30 a.m.-12:00 Noon
 P.M. 1:30 p.m.-4:00 p.m.
 All Day 9:30 a.m.-4:00 p.m.

Camp Fees

	Resident	Nonresident
Half Day	\$ 55/week	\$ 85/week
All Day	\$110/week	\$170/week

No Camp Monday, July 5

*Half Day \$44/week \$ 68/week
 *All Day \$88/week \$136/week
 *Fees are prorated due to the holiday

Health History Record

Is your child on any type of medication? Yes No If so, what? _____

(Park District staff is not authorized to dispense any type of medication. If your child carries an epi-pen, please contact Leann Castillo at 433-5155)

Health Conditions (circle all that apply and give appropriate dates)

Fainting _____ Hearing Impairment _____ Diabetes _____
 Asthma _____ Seizures _____

Allergies (circle all that apply and specify nature of reaction)

Animals/Insects _____ Food _____
 Medicine/Drugs _____ Plants _____

Other Conditions (circle all that apply)

Speech Impairment _____ Emotional Disturbances _____ Developmentally Delayed _____
 Attention Deficit Disorder _____ Communication Impairment _____ Special Diet _____ Other _____

In order for the Park District to provide your child with the best possible camp experience, please provide all information in relation to any health conditions, behavioral concerns, dietary needs, or special needs. Please explain any items or conditions that are circled above. This information will remain confidential.

Family Doctor/Phone: _____ Family Dentist/Phone: _____

Adult/Child Release Agreement

In consideration of your accepting my entry or my child's entry, I hereby, for myself or my child, release, indemnify, and hold harmless the Centerville-Washington Park District, its Commissioners, Agents, Employees and Assignees from any and all liability claims, actions, demands and judgments arising out of injury or loss sustained by me or my child while participating in activities or using facilities of the Centerville-Washington Park District.

Signature _____ Date _____