

# HIDDEN MEADOWS DAY CAMP HEALTH HISTORY FORM

Registration begins at 10:00 a.m. Monday, April 25 for residents and Monday, May 2 for nonresidents

Easy online registration via link at [www.cwpd.org](http://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](http://www.cwpd.org). Weeks available for preschoolers are June 27-July 1 and July 25-29 and printed in green.

Camp Week	Theme	AM	PM	ALL DAY
June 20-24	Creek Stompin'	5-12 years	--	5-12 years
June 27-July 1	Trail Trekkers	3-9 years	3-9 years	--
July 5-8*	Wilderness Adventures	5-12 years	--	5-12 years
July 11-15	Water Odyssey	5-12 years	--	5-12 years
July 18-22	Fluttering, Flying, Dipping, and Diving	5-12 years	--	5-12 years
July 25-29	Happy Hikers	3-9 years	3-9 years	--
August 1-5	Wild Tracks, Facts, and Habitats	5-12 years	--	5-12 years
August 8-12	Grant Park Pursuit	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 4	
*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 Kristen Marks 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 \_\_\_\_\_