



Pool Information

The day camp program will be taking field trips to the pool throughout the summer. Please read the information below and check off the section that pertains to your child's swimming abilities.

<i>Staff use only (circle)</i>	<b>RED</b>	<b>YELLOW</b>	<b>GREEN</b>
<b>Type of Swimmer</b>	Non-Swimmer	Swimmer	Proficient Swimmer
<b>Description of Boundaries</b>	<ul style="list-style-type: none"> <li>• Under 4ft of water</li> <li>• No slides</li> <li>• No diving boards</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 5ft of water</li> <li>• Slides</li> <li>• No drop slides</li> <li>• No diving boards</li> </ul>	<ul style="list-style-type: none"> <li>• May participate in all pool activities including slides and diving boards</li> </ul>
<b>Check the column that applies to your child's swimming abilities</b>			

EMERGENCY TREATMENT RELEASE

Does your child have any limitations or conditions that the counselors need to be aware of (i.e., asthma, ADDHD, etc.)?

---



---

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

As a parent/guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as a determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that the time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed on the previous page.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the Chicago Ridge Park District or its employees, agents, or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

I understand that the Chicago Ridge Park District may photograph/videotape Day Camp/RAC participants without limitation. Such photographs/videos may be used in connection with promoting the services, programs, and facilities of the Chicago Ridge Park District, without consideration of any kind.

**I have read the Emergency Treatment Release and the Chicago Ridge Park District Day Camp Handbook, and I understand the rules and regulations of the Chicago Ridge Park District 2019 Day Camp and RAC Program. I have also explained these rules to my child/children.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Our day camp program will be sending out our weekly newsletters via E-mail. Below, please list the E-Mail address(es) you would like your weekly newsletters to be sent to. Please be sure to check your email each week.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_