

**WAUCONDA PARK DISTRICT
PARTICIPATION INFORMATION FORM
2018/2019 SCHOOL YEAR**

Child's Name _____ Birth Date _____ Age _____
Address _____ City _____ Zip _____

Home Phone _____ Grade _____ Parents Email: _____

School _____ Matthews Middle School _____ Robert Crown
_____ Wauconda Grade School _____ Wauconda Middle School

Mother's Name _____ Occupation _____
Name of Business _____ Business Address _____
Bus. Phone _____ Cell Phone: _____ Date of Birth: _____

Father's Name _____ Occupation _____
Name of Business _____ Business Address _____
Bus. Phone _____ Cell Phone: _____ Date of Birth: _____

Child's Physician _____ Phone _____
Physician's address _____
Allergies: _____

Food Restriction: _____

Physical Limitations: _____

Please add any additional information you feel necessary for the club staff to adequately supervise your child. _____

PARENTS WILL BE THE FIRST ONES CALLED IF THERE IS AN EMERGENCY

Emergency Contact Persons (If parent cannot be reached)

	Name	/	Relationship	
1.	_____	/	_____	Phone # _____
2.	_____	/	_____	Phone # _____
3.	_____	/	_____	Phone # _____
4.	_____	/	_____	Phone # _____
5.	_____	/	_____	Phone # _____

Persons authorized to pick up your child from club:

	Name	/	Relationship	
1.	_____	/	_____	Phone # _____
2.	_____	/	_____	Phone # _____
3.	_____	/	_____	Phone # _____
4.	_____	/	_____	Phone # _____
5.	_____	/	_____	Phone # _____