

**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 # _____