



2025 Summer Camp Registration Form

Turn in: City Hall Annex • 912 16th Avenue • East Moline or scan/email to emsecretary@eastmoline.com

Camper Information

T-shirt size: YS YM YL AS AM AL

Name _____ Date of Birth _____

Birth Gender Male Female School _____ Grade in Fall _____

Address _____ Apt # _____ City/State/Zip _____

Parent Information

Parent/Guardian #1

Parent/Guardian #2

Name _____ Name _____

Home _____ Cell _____ Home _____ Cell _____

Phone (work) _____ Phone (work) _____

Email _____ Email _____

Emergency Contact (other than parent/guardian)

Name _____ Email _____

Home Phone _____ Cell _____ Work _____

Address _____ City/State/Zip _____

Policies (please initial each)

_____ SUNSCREEN - I give permission for sunscreen to be applied to my camper as deemed necessary by the camp staff.

_____ BACKPACK SEARCH - I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons, or other forbidden objects.

_____ LOST/STOLEN ITEMS - Campers are asked to leave any valuables and electronics at home. The City of East Moline and its employees are not responsible for lost or stolen items.

_____ PHOTOGRAPHS - I give my permission for my child's photograph or video to be taken for use by the City of East Moline in program brochures, website, social media sites and other promotional materials and for release to local newspapers.

I hereby expressly agree to indemnify, defend, and hold harmless the City of East Moline, its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the program, unless claim is caused by the sole negligence or willful misconduct of the program. I also understand that the City of East Moline does not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses. I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature

Date



Authorized Pickup List – Emergency Medical Release

Please complete one form for each child attending

Camper Information

Name _____

Anyone picking up camper(s) must provide a photo ID and be listed below

Parent/Guardian _____ Employer _____ Phone # _____

Parent/Guardian _____ Employer _____ Phone # _____

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or an emergency contact person listed above. If we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name _____ Phone # _____

Preferred Hospital _____ Address _____

Insurance Provider _____ Policy # _____

Allergies & Medications

Food Allergies _____ Medicine Allergies _____

Does your child need to take medication(s) during camp? Yes No If yes, please specify: _____

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Program Coordinator before camp start date.

Medical Release

I authorize the City of East Moline as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the Illinois Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the City of East Moline is not responsible for costs incurred for medical care.

Parent/Guardian Signature

Date