

**LAKESIDE COUNTRY CLUB**  
**Camp Registration Form/Summer Swim Camp Form**  
**EMERGENCY FORM**

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact if Parent are not available:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**KNOWN ALLERGIES and/or CONDITIONS/AILMENTS we need to be aware of?**

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child....

Is able to swim without help \_\_\_\_\_ Must stay in baby pool \_\_\_\_\_ Wears earplugs \_\_\_\_\_

Wears floatation device \_\_\_\_\_ Can go on diving board \_\_\_\_\_ Can go in deep end \_\_\_\_\_

Please check on of the following:

( ) My child will be picked up after camp by \_\_\_\_\_.

( ) My child will attend after care.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_