



Warrenville Park District

Summer Camp Registration

35260 Warren Ave. Warrenville, IL 60555 • 630.393.7279 Fax 630.393.7282

Parent Last Name: _____ **Parent** First Name: _____

Street Address _____ City _____ Zip _____

Daytime Phone (9am-3pm) _____ Phone (after 3:00pm) _____

Camper First Name _____ **Camper** Last Name _____

Birthday _____ Gender _____ Age _____ Email: _____

T-shirt Size: __ YS __ YM __ YL __ YXL __ AS __ AM __ AL **One camp shirt will be provided**

Additional Shirts \$5 each pay at Guest Services Swim Level __ Can't Swim __ Shallow Only __ Slides & Deep

Check boxes to make your selection, Core Camps are Full week only, Before Care & After Care can be daily/weekly

Week	FULL WEEK	M	T	W	TH	F	Fee
June 5	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
June 12	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
June 19	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
June 26	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 3	<input type="checkbox"/>	_____	X	_____			
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 10	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 17	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 24	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 31	<input type="checkbox"/>	_____					
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

August 7 Full Week Only <input type="checkbox"/>						
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DAY CAMP TYPE: (Please circle)

Weekly Fee R/NR

Runamuk (3-5) \$160/\$165
 July 5th (4 day wk) \$130/\$135

Explorers (6-10) \$160/\$165
 July 5th (4 day wk) \$130/\$135

Travel (11-14) \$165/\$170
 July 5th (4 day wk) \$135/\$140

Weekly / Daily R/NR

Before Care \$25/\$30 \$6/\$7

After Care \$35/\$40 \$8/\$9

No Refunds/Transfers once camp week has started

Payment Information for Pay in Full Only

- CASH**
- CHECK #** _____
- CREDIT CARD** (Visa, MasterCard, Discover)

To enroll in automatic billing-

Complete the Automatic Bill Authorization form and turn in with your packet.

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Exp. Dt. _____

Camp Transfer/Cancellation Information:

Transfers-Transfer requests must be made by **Tuesday 4:30pm the week before** your child is attending camp.

Camp Cancellations-A camp cancellation/refund form must be completed, signed and turned in to the Warrenville Park District Registration office. **No refunds will be given after the camp week begins without a doctor's note/certificate.** Camp fees will be prorated starting with the day the Cancellation/Refund Request form is received in the Park District Registration Office. The amount of the refund will be credited to your household balance and may be used to register for other programs. **Fourteen (14) days advance notice of cancellation is requested to accommodate proper credit/billing and to provide proper staffing for camp. No refunds or transfers on daily Before Care or After Care once the camp week has started.**

Upon approval of a cancellation, two options are available, a Household Credit or Refund.

Household Credit-a credit is applied to the household for the amount paid, less any camp expenses prepaid by Warrenville Park District.

Refunds for Camp weeks 1-10 are subject to: **1.** a 10% or \$5.00 minimum service charge per child per day or week enrolled **2.** deduction of camp expenses prepaid by Warrenville Park District

Check Refunds must be approved at the Warrenville Park District Board Meetings held on the third Thursday of each month, unless otherwise designated. Deadline for submission is the 30th of each month prior to the meeting.

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. As a participant in these Warrenville Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the Warrenville Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Warrenville Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend the Warrenville Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the Warrenville Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. **The Warrenville Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.**

Parent/Guardian, Adult Participant Signature

Parent/Guardian, Adult Participant (please print)



Emergency Contact/Biker Walker Form

(Please provide contact information for time during camp hours 7:30am-5:30pm)

CHILD NAME _____ Birthdate _____ Age: _____

Home Address _____

City, State, _____ Zip _____

Parent / Legal Guardian _____

Work Ph. _____ Cell Phone _____

Parent / Legal Guardian _____

Work Ph. _____ Cell Phone _____

Emergency Contacts-Other than Parent/Guardian listed above, available during Summer Camp hours:

if parent/guardian is not available in an emergency notify:

#1 Emergency Contact Person _____

Relationship to Child _____

Phone/Cell (while child is attending summer camp) _____

#2 Emergency Contact Person _____

Relationship to Child _____

Phone/Cell (while child is attending summer camp) _____

Walker/Biker Waiver

By checking the appropriate box and signing, I am giving my permission for my child(ren) to walk/bike home. I understand when weather conditions are severe, I am responsible to have my child picked up by 3:30p.m. Camp staff will attempt to contact the child's guardian prior to 2:30p.m. to inform them of severe weather.

NAME(S) OF CHILD(REN):

- | | |
|----------|--------------------------|
| 1. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> |

Parent/Guardian Signature _____

Date _____

Authorized Person/s allowed to pick-up my child(ren): PHOTO ID MAY BE REQUIRED FOR PICK UP

Listed below are the names of those individuals whom the Warrenville Park District staff may release my child(ren) to if I am unable to pick him/her up from summer camp. I understand that I should notify the Park District any time I or anyone else listed will be unable to pick my child(ren) up and understand that the Park District reserves the right not to release my child(ren) to anyone but me if no notification is made. Any person listed or not listed on the designated pick-up list below will require a photo ID for pick up.

1) NAME _____

RELATIONSHIP _____ PHONE _____

2) NAME _____

RELATIONSHIP _____ PHONE _____

3) NAME _____

RELATIONSHIP _____ PHONE _____

Medical/Health Information Summary

The parent/legal guardian must complete the following information.

Allergies-List known:

Describe Reaction/Action to be taken

Food _____

Other _____

Dietary Restrictions:

Does Not eat: Peanuts Tree Nuts Pork Poultry Seafood Eggs Dairy Other

My child requires additional staff support to participate in this program, circle response Yes or No

My child has the following medical/Behavioral conditions:

Medication:

My child requires medication while at camp, circle response Yes or No. If yes complete Dispensing of Medication Form and give to program supervisor. This form is available in the Registration Office.

Use this space to provide any additional information about the participants behavior and physical, emotional or mental health, medical conditions about which the camp should be aware:

Explain any restrictions to activity: (what cannot be done, what adaptations/limitations are necessary. Please include swim ability information)



Warrenville Park District Summer Camp Automatic Billing Authorization Information

If you choose Automatic Billing, please review guidelines below and complete this form:

- ✓ **Sign and return the Automatic Billing Authorization form** at the time of registration indicating the type of payment to be used for all payments. We do not accept American Express
- ✓ **Auto Billing requires a Credit/Debit Card** and will be set up to automatically draw payments from your account on specific dates.
- ✓ **Declined Payments-Credit Card charges declined for insufficient funds** will be charged \$25 NSF/service charge fee no exceptions. The patron will be notified and required to pay the balance including the additional fee by cash or credit card.

Contact Name: _____

Address: _____

Phone Number: _____

Complete this portion with your credit/debit card information:

Credit/Debit Card (Visa, MasterCard or Discover)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Exp. Dt. _____

For Credit/Debit Card Processing Only. I give Warrenville Park District permission to use the card on file to pay for any/all fees as agreed upon only when they are due. **Credit Card declined for insufficient funds** will be charged \$25 NSF fee no exceptions.

I have read and understand the Warrenville Park District Automatic Payment Processing Policies and fees.

Signature

Date

Warrenville Park District
SUMMER Camp WAIVER & RELEASE

Important Information

The Warrenville Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Warrenville Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the summer camp must recognize that there is an inherent risk of injury arising out of this activity.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to acts of God, inclement weather, slips and falls, inadequate or defective equipment, inadequate supervision or instruction, premises defects, carelessness, horseplay, vehicle accidents and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Warrenville Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this field trip/outing, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with summer camp (including services and vehicle operations), when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in summer camp and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in summer camp trips against the Warrenville Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Warrenville Park District").

I do hereby full release and forever discharge the Warrenville Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have to which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with summer camp.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT: Participant(s) Name

_____ Date

_____ Date

Participant's Guardian Signature _____
(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.



Warrenville Park District Summer Camp Behavior Management/Code of Conduct

BEHAVIOR

All participants, parents, siblings, volunteers and affiliate groups are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make all of the Park District programs, events and affiliate programs safe and enjoyable for all participants. Additional rules may be developed for specific programs as deemed necessary by staff.

Warrenville Park District insists that all participants, parents, siblings, volunteers and affiliate groups comply with a basic behavior code. All participants, parents, siblings, volunteers and affiliate groups shall:

1. Show respect to all participants, staff and volunteers.
2. Follow all Program/Event rules and take direction from staff.
3. Refrain from using abusive or foul language.
4. Refrain from threatening or causing bodily harm to self, other participants or staff.
5. Refrain from harassment of any kind to other participants or staff.
6. Refrain from any type of bullying.
7. Refrain from any type of aggressive and violent behavior during park district or affiliate sponsored programs.
8. Show respect for equipment, supplies and facilities.
9. Not possess any weapons.

The Warrenville Park District expects all individuals to conduct themselves in a manner in keeping with their levels of development, maturity and demonstrated capabilities with a proper regard for the rights and welfare of other individuals, staff, volunteers and district officials.

DISCIPLINE

A positive approach will be used regarding discipline. Staff will periodically review rules with participants during the program session. If inappropriate behavior occurs, a prompt resolution will be sought specific to each individual's situation. Warrenville Park District reserves the right to dismiss a participant, parent, sibling or affiliate whose behavior endangers his or her own safety or the safety of others.

Factors for Determining Consequences:

- Age, development and maturity levels of parties involved
- Degree of harm (physical and/ or emotional distress)
- Nature and severity of behavior
- Past incidents and/or continuing pattern(s) of behavior

PROCEDURES

Upon registration the parent/guardian will be solicited for any information regarding special accommodations needed for the participant. If any of these special accommodations are behavior related, the parent/guardian will be contacted for information about any behavior modification programs in place at school or home. Attempts will be made to utilize these in the program. For Warrenville Park District Programs, the inclusive coordinator from the Western DuPage Special Recreation Association (WDSRA) will be contacted for guidance. Documentation will be maintained regarding any problem behaviors, special accommodations, and behavior modification programs.

If the participant, parent, sibling, volunteer, or affiliate exhibits inappropriate actions, the following guidelines should be followed:

1. Program Leaders/Supervisors/Administrative Staff/Affiliate Boards should determine the severity of the action and immediately take steps to correct it. These may include but are not limited to:
 - A verbal warning.
 - Child participants: a supervised time-out from the program. (One minute for each year of their age will be used for time-outs.) The type of time-out may vary according to the situation (observational: from sidelines of activity; exclusion: away from the group but within view of the activity; seclusion: time-out area with staff member present away from view of the activity). If physical restraint is used to protect against injury, the time-out will be documented on an Incident Report Form.



Warrenville Park District Summer Camp Behavior Management/Code of Conduct

- Participants, parents, siblings, volunteers and affiliates: a suspension from the program or activity for a designated time period. When determining the timeframes of suspension, staff will consider the severity of the actions, the length of the program or activity, any past behavior issues with the individual and willingness to improve their inappropriate behavior.
 - Participants, parents, siblings, volunteers and affiliates: dismissal from the program or activity. If inappropriate behavior persists or the behavior completely disrupts a program, removal from the program or activity may be necessary. Once again, the Warrenville Park District reserves the right to dismiss a participant, parent, sibling, volunteer or affiliate whose behavior endangers his or her own safety or the safety of others.
 - Affiliate members: the incident will be reported to the Affiliate Board President.
2. If a participant or sibling receives a time-out or a suspension, the supervisor of the program will contact the parent/guardian. The supervisor will explain the inappropriate actions that were observed by the staff.
 3. Communication between staff and parent should be ongoing regarding further incidents of inappropriate behavior. Some other options may be discussed with the parent/guardian including:
 - Transfer to another program where inappropriate behavior may be less prone to occur.
 - Limited/reduced timeframe that participant, parent or sibling is allowed to attend the program.
 4. Appeals by the participant, participant's parent/guardian, volunteer or affiliate should be directed to the Executive Director.
 5. Legal action, if required, will be discussed with the Executive Director.

WHEN TO CONTACT THE POLICE

- If a participant or sibling makes a direct threat of hurting himself or others, call the parent/guardian immediately. If a parent/guardian is not available, call the police.
- If a parent, volunteer or affiliate member makes a direct threat of hurting himself, or anyone else, call the police.
- If a participant, parent, sibling, volunteer or affiliate becomes overly aggressive and/or violent, call the police.

Parental Responsibility:

I have discussed the code of conduct with my child/ren.

I will support the Warrenville Park District summer camp staff to create a mutual relationship that will benefit both the family (participant) and adhere to the Park District Code of Conduct.

Parent Signature: _____ Date: _____

Parent Printed Name: _____ Date: _____

Child/ren: _____



Waiver and Assumption of Risk

I hereby fully waive and release the "Releasee" Forest Preserve District of DuPage County, from any and all claims for personal injury, monetary loss, property damage, or death that may result from my participation. I hereby voluntarily, at my own risk, agree to this Waiver and Assumption of Risk in sole consideration of being permitted to use the Forest Preserve District of DuPage County facilities/ property or services offered.

I hereby acknowledge and understand that there are dangers and risks associated with the activities. I hereby agree to abide by all rules, instructions, policies and procedures imposed by the Releasee relating to the use of the facilities or property.

Agreement to this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while engaging in those activities. I further agree to indemnify and hold harmless the Releasee, its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my participation in the activities or services offered

I shall defend, hold harmless and indemnify the District, its elected officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person, including minors who in my charge, or my responsibility, and who would be represented by a parent, next friend or guardian including myself, as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in my participation in the programs held at The Forest Preserve District of DuPage County.

I hereby certify that I am competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

If you are completing this waiver relative to obtaining a canine permit from the Forest Preserve District of DuPage County, you are confirming your canine is in compliance with applicable state and county laws regarding vaccines.

If you are completing this waiver relative to participating in an equine activity please be aware that under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by this Waiver.

Program Name Have It At Herrick

Location Herrick Lake East Shelter

Date _____

Participant's Printed Name _____

Participant's Signature _____

Address, City, State, Zip Code _____

Telephone _____

Emergency Telephone _____

Signature of Parent or Legal Guardian **required if participant is under 18** _____

Printed Name of Parent or Legal Guardian _____