

**2019 CAMP LITTLE TYKES -- REGISTRATION FORM PLEASE PRINT CLEARLY**

Registration Date: \_\_\_\_\_

Head of Household, Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Payer's Name (if different): \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

<b>CAMP LITTLE TYKES</b> <i>(Must be 2 years old by June 1, 2019)</i>		<b>CAMP LITTLE TYKES FEES</b>	<b>CHILD'S NAME &amp; GENDER</b>	<b>BIRTH DATE</b>
Program #	Camp Options			
<input type="checkbox"/> 1200-2101	<b>Monday</b> June 17 – July 22 10:00a-12:00p	<input type="checkbox"/> \$ 115 Resident <input type="checkbox"/> \$ 138 Non-Resident	First Name: _____  Last Name: _____	Month: _____ Date: _____ Year: _____
<input type="checkbox"/> 1200-2102	<b>Tuesday</b> June 18 – July 23 10:00a-12:00p	TOTAL FEES PAID: \$ _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____

**FOR PROGRAMS THAT ALLOW AUTOMATIC PAYMENT PLANS:** I hereby authorize the Oak Forest Park District to undertake the charges or withdrawals stated above by the Electronic Funds Transfer (EFT) from the credit card on file. Authorized Signature: \_\_\_\_\_

**In Compliance with the ADA, the Oak Forest Park District will make all reasonable efforts to accommodate persons with disabilities. Are any special accommodations needed for you to enjoy this program? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, a two-week notice is required)**

**Waiver and Release Important Information:**

The Oak Forest 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 Oak Forest 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 above listed activities/programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or 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 Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. 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. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the OFPD 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 the above identified programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 these programs/activities against the O.F.P.D., including its officials, agents, volunteers and employees (hereinafter collectively referred as "Oak Forest Park District").

I do hereby fully release and forever discharge the OFPD from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.


**Waiver and Release for Transportation Services:** Please read this form carefully and be aware that in consideration for the OFPD, providing transportation services to/for (identify destination or program), 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 said services, including but not limited to, vehicle operations and boarding and exiting the vehicle. I recognize and acknowledge that the OFPD is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. 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) against the OFPD, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with said transportation services.

**Photo/Videotaping Waiver:** Photographs and videos are taken by Park District staff to use for promotional purposes. By registering for a program, attending an event, or using a Park District facility, you have granted us permission to use your image for promotional purposes without consideration of any kind.

**I have read and fully understand the above 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.**

**X Signature of parent, guardian, or adult participant 18 years or older. Participation will be denied if signature of adult participant or parent/guardian and date are not on this waiver.**

**X Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PAYMENT METHOD: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	
 MasterCard or Visa Only	Cardholder Name: _____
_____ - _____ - _____	Billing Address: _____
Expiration Date: ____ - ____ 3-digit Security Code ____	
Amount of Charge: \$ _____	Authorized Signature: _____

**2019 CAMP LITTLE TYKES PROGRAM REGISTRATION**

Date of Registration \_\_\_\_\_

Resident  Non-Resident

**CAMP DAY:**  Monday or  Tuesday

**PLEASE PRINT CLEARLY**

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
(First) (Last)

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**MEDICAL/SPECIAL NEEDS**

Check box if your child has any medical conditions, health concerns or is taking any medication.

Please list below. \_\_\_\_\_  
\_\_\_\_\_

Check box if your child has any allergies and list and describe any possible reactions to exposure. \_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name and ages of other children in family: \_\_\_\_\_

Please check box if there is a language other than English spoken at home. List language \_\_\_\_\_

**EMERGENCY CONTACTS (person to contact in case of emergency if parents cannot be reached – must be in Oak Forest area)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**NAME OF PERSON(S) AUTHORIZED TO PICK UP CHILD (including parents) (use back of form if additional space is required)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WELCOME TO CAMP LITTLE TYKES 2019

*Questions and concerns regarding Camp Little Tykes should be directed to Sue Ann at 708/ 687-7270 x 160.  
Leave a message and your call will be returned promptly.*

**PLEASE FILL OUT THE ATTACHED FORMS AND LEAVE THEM  
WITH THE FRONT DESK.  
YOU CAN KEEP THIS TOP SHEET FOR YOUR INFORMATION.**

We are glad you have chosen Camp Little Tykes for your child to enjoy this summer! Camp Little Tykes is a play-with-purpose program for your child! Our main goal is to allow children to play and work with each other in a positive learning atmosphere. Your child will be involved in play activities to develop thinking, language abilities, sharing, and motor development. The activities include choice of play areas, including age-appropriate toys, Play Dough, water/sensory table, role playing, painting, stories, music, finger plays, coloring, and physical development.

The play areas are presented as choices in which the children may choose to participate. The teachers are the facilitators; interacting with the children and teaching in small groups. Each week your child will be introduced to a learning theme. A finger play, song or game, a craft project and story will compliment the theme. The children will also enjoy a short gym time to help develop large motor skills.

**DROP-OFF AND PICK-UP:** All activities are held in the lower level FunTime Room. Drop-off and pick-up will take place in lower level of the Central Park Building. An adult must accompany your child for drop-off at 10:00 am in the lower level. *At no time should your child be using the stairs or elevator without adult supervision.* Your child will only be allowed to leave Camp Little Tykes with the person/persons you have designated on their registration form. Check with your child's camp leaders to review your pick-up list. *Pick-up is promptly at 12:00 pm.* The camp leaders will open the glass doors and give you an overview of the day; you will then enter the FunTime Room to pick up your child.

**BATHROOM:** We encourage you to assist your child in the use of the bathroom before entering their camp room. You may bring a name-labeled back-pack with a change of clothes, if you wish. If your child has a bathroom accident, you will be called to come and change them.

**NAME TAGS:** A name label will be available at each class for you to put on to your child's back.

**SHOES:** Your child's safety is our main concern here at Camp Little Tykes. Please have your child wear **gym shoes** to Camp. **DRESS UP SHOES, FLIP FLOPS OR STRAPLESS SANDALS ARE NOT ALLOWED.** If your child is not wearing appropriate shoes, they will not be allowed to participate in gym activities.

**SNACK TIME SUPPLIES:** Our snack time will be around 10:45 am – so be sure that your child eats a hearty breakfast before coming to camp. We ask each family to provide 1 or 2 boxes of crackers, pretzels or dry cereal to enjoy at our snack time. We will provide icy, cold water. **PLEASE NOTIFY YOUR CHILD'S CAMP COUNSELOR OF ANY ALLERGIES WE SHOULD BE AWARE OF.** We would also ask you to bring one box of 100 - 5 ounce cups and one package of napkins. Any additional supply requests will be posted on the bulletin board.

**ABSENCE:** We ask that you call in your child's absence, especially if your child has been in class at a time while contagious, i.e. chicken pox, head lice, scarlet fever. Do not send your child to Camp Little Tykes if he/she has had a rash, fever, diarrhea, vomiting or runny nose in the previous 24 hours.

We hope to make your child's camp experience a wonderful and positive one. We also hope to encourage your child to develop social relationships. Talk with your child about his/her activities and feelings while at camp. You will receive a calendar of events on the first day of camp.