

Head of Household, Last Name: _____ First Name: _____

Payer's Name (if different): _____ Email Address: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone Number: _____ Cell Phone Number: _____

(Must have turned 3 years old by September 1, 2019)

Program Name	Program #	2 Day Option	2 Day Fees	T-shirt Size (one shirt included in fees)	Child's Name
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Camp FunTime For children in Preschool or Kindergarten	1092-2101	<input type="checkbox"/> Mon/Wed June 15 – July 22	<input type="checkbox"/> \$264 Resident	<input type="checkbox"/> Youth X-Small (2-4)	First Name: _____
	1092-2102	or <input type="checkbox"/> Tues/Thurs June 16 – July 23	<input type="checkbox"/> \$317 Non-Resident	<input type="checkbox"/> Youth Small (6-8) <input type="checkbox"/> Youth Medium (10-12) 1092-2105 <input type="checkbox"/> Additional Camp Shirt (optional) \$6.00 fee	Last Name: _____ Birth Date: _____ <input type="checkbox"/> Pre-K <input type="checkbox"/> Kindergarten
TOTAL FEES PAID: (Please make sure to add cost of additional shirt if ordered) \$ _____					

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 are 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:** _____

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: _____

PAYMENT METHOD:   **MasterCard or Visa Only** Cash Check # _____

Amount of Charge: \$ _____ Cardholder Name: _____

_____ Billing Address: _____

Expiration Date: ____ - ____ 3-digit Security Code _____

Authorized Signature: _____

WELCOME TO CAMP FUNTIME 2020

*Questions and concerns regarding Camp FunTime 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 FunTime for your child to enjoy this summer. Camp FunTime consists of lots of exciting activities that include music and movement, group games, craft time, science discoveries, story time, snack, outside playground and sand time, and water days (with appropriate weather). *You will receive a calendar of events on the first day of camp.*

DROP-OFF AND PICK-UP: Although we will be enjoying many outdoor activities, drop-off and pick-up will take place in the lower level area 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 FunTime 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 1:00 pm.*

BATHROOM: We have bathroom breaks while inside the building and portable washrooms are available on the park grounds while we are outside. The children are always accompanied to the bathroom. *We encourage you to assist your child in the use of the bathroom before entering their camp room.*

NAME TAGS: Your child will receive a name tag on the first day of camp. It will be collected at the end of each day and kept here at Camp FunTime. They will be available each morning for you to put on to your child.

CAMP T-SHIRTS: Each camper will receive one blue camp t-shirt on the first day of camp. All campers should wear their t-shirt each day to camp. While it may be hot outside, the inside is air conditioned. Feel free to send a name-labeled sweater with your child for our indoor activities. You may also send a name-labeled hat or visor for outdoor activities. School bags are not needed for camp.

SHOES: Your child's safety is our main concern here at camp FunTime. 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 or playtime at the playground.

OUTSIDE PLAY: We will be taking the campers outside to play in the back playground area. They will also be allowed to play in the sand and water play area.

SNACK TIME SUPPLIES: Our snack time will be around 11:00 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 roll of paper towel. Any additional supply requests will be posted on the bulletin board.

LAST DAY OF CAMP: July 22nd and July 23rd will be water fun days. Campers can wear their bathing suits under their camp clothes and they may wear sandals or flip flops on this day. They should bring a name-labeled beach towel and a light lunch. **All campers will be picked up at the pavilion located at the playground area on this day only.**

If we experience inclement weather on these days, appropriate activities will take place inside.

Remember to apply sunscreen to your child before coming to camp.

PLEASE PRINT CLEARLY

Resident Non-Resident

CAMP DAYS: M/W or T/TH

ENTERING GRADE: Preschool Kindergarten T-SHIRT SIZE: 2/4 (Youth XS) 6/8 (Youth S) 10/12 (Youth M)
 I would like an additional camp shirt (\$6 extra charge)(see reg form)

CHILD INFORMATION

Child's Name: _____ Male ___ Female ___
(First) (Last)

Birth Date: Month _____ Day _____ Year _____ Left handed _____ Right handed _____

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)

