

WELCOME TO CAMP FUNTIME 2022

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 TURN THEM IN AT THE FRONT DESK OR
LEAVE THEM IN THE DROP BOX ALONG WITH PAYMENT.
YOU CAN KEEP THIS TOP SHEET AND THE HEALTH GUIDELINES FOR YOUR INFORMATION.

WE WILL CONTINUE TO FOLLOW THE LATEST GUIDELINES ISSUED BY THE
IDPH AND THE CDC RELATED TO COVID-19.

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 (with appropriate weather). *You will receive a calendar of events on the first day of camp.*

MASKS ARE NOT REQUIRED BUT ARE RECOMMENDED.

MASKS DO NOT NEED TO BE WORN WHILE WE PLAY OUTSIDE OR HAVE SNACK.

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 **9:30 am** and promptly for **pick-up at 12:00 pm** in the lower level. Children should not be unsupervised on the stairs or in the elevator. See attached for detailed guidelines on drop-off and pick-up.

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: Pre-printed name tag labels will be available each morning for you to put on 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.

SNACK TIME SUPPLIES: Our snack time will be around 10:30 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 INSTRUCTOR OF ANY ALLERGIES WE SHOULD BE AWARE OF.** We would also ask you to bring one box of 100 - 5 ounce cups, one roll of paper towel and a package of napkins. Any additional supply requests will be posted on the bulletin board.

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.

LAST DAY OF CAMP: July 26th will be a water fun day. 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 this day, appropriate activities will take place inside.

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 area.

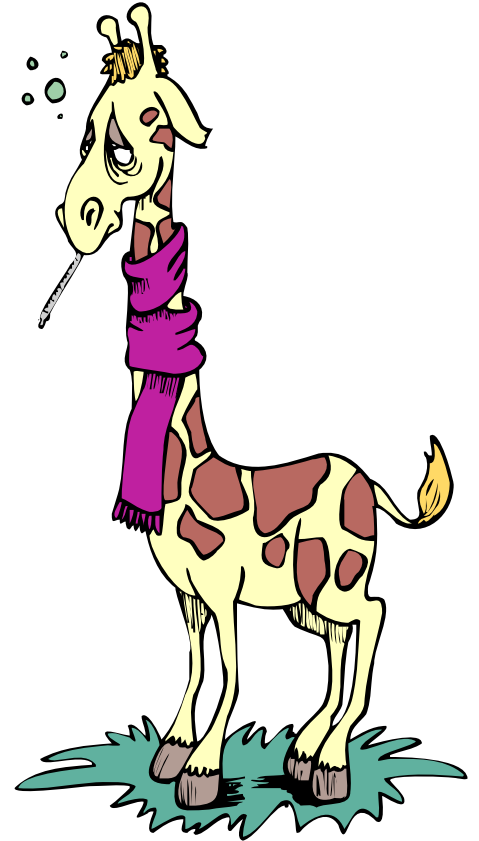
Remember to apply sunscreen to your child before coming to camp.



CHILDREN'S PROGRAMS
24 HOUR HEALTH GUIDELINES

PLEASE KEEP YOUR CHILD HOME FROM CAMP IF THEY HAVE HAD ANY OF THE FOLLOWING SYMPTOMS WITHIN THE LAST 24 HOURS:

- Temperature above 100.4 degrees
- Vomiting
- Diarrhea
- Unknown or unfamiliar rash
- Red, inflamed, crusted, or draining eyes
- Red, sore ears
- Yellow or green nasal drainage
- Constant cough
- Signs of pain - headache, sore throat, body, stomach
- Any infectious disease
- Head Lice
- **If you child has been exposed to anyone diagnosed with COVID-19, please notify us and keep them home for 5 days.**



YOU MUST CALL
708/687-7270 x160
TO INFORM US OF YOUR CHILD'S ABSENCE

CAMP FUNTIME 2022

INFORMATION SHEET

Child's Name: _____

Child's Birthdate: _____

Preschool _____

Kindergarten _____

First Grade _____

Parent/Guardian Information:

Mother's Name

Cell phone (check if preferred number)

Home phone (check if preferred number)

Father's Name

Cell phone (check if preferred number)

Home phone (check if preferred number)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

(please check one) Cell _____ Home _____

Authorized people to pick-up child: _____

Allergies (if any): _____

Medications (if any): _____

Fears (if any): _____

Additional Information: _____



FunTime PROGRAM Registration Form

DROP OFF/ IN PERSON:
 Oak Forest Park District
 15601 S Central Ave. Oak Forest, IL 60452
 ONLINE: www.oakforestparks.org

Head of Household information below

First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Payer's Information: _____
 (if different from above) (Name) (Street Address) (City, State) (Zip) (Date of Birth)

Participants First & Last Name	Gender	Date of Birth	Grade	Activity Name	Activity #	Section #	Day/Time	FEES
				CAMP FUNTIME	1092-2102 June 14-July 26	1	T/TH 9:30-12:00	\$330 R \$395 NR
				ADDITIONAL SHIRT(S)	Quantity: _____			\$8 each _____
				TOTAL DUE: _____				
T-shirt size (circle):		Youth X-Small (2-4)	Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)			
How many ordered:		_____	_____	_____	_____			

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

Authorized Signature: _____

Information below to be filled out by Office Administration

\$ _____ Per Schedule Date(s): _____

PAYMENT OPTIONS:

Cash (In Person Only)

Check # _____ (\$35 fee for returned checks)

Credit Card (Authorization Code: _____)

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 to 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 to 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:** _____

MasterCard or Visa Only _____ Exp: _____ - _____ 3-digit Security Code _____ Amount of Charge: \$ _____	Cardholder Name: _____ Billing Address: _____ Authorized Signature: _____
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