2010 Camp Registration Form

Camper's Name (Last) _____ (First) _____ Birthdate _____

Address _____ City _____ Zip _____

Email _____ Grade entering next Fall _____

Parent/Guardian Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Emergency Contacts: Include all authorized individuals to be contacted if unable to reach parents.

1. Name _____ Phone (W) _____ (H) _____

2. Name _____ Phone (W) _____ (H) _____

Authorized Individuals: List individuals authorized to pick up child from camp. (Other than parents or emergency contacts.) Children will only be released to persons listed below. Include car pool.

1. Name _____ Phone (W) _____ (H) _____

2. Name _____ Phone (W) _____ (H) _____

PLEASE CIRCLE DATES YOU WILL BE ATTENDING CAMP

June

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Code _____
Camp Name _____

Code _____
Camp Name _____

Code _____
Camp Name _____

Total Fees Due $ _____

METHOD OF PAYMENT:

☐ Cash ☐ MasterCard
☐ Check ☐ Visa
☐ Discover

CREDIT CARD INFORMATION:

Name _____ Exp. Date _____
(as it appears on card)

Card Number | | | | | | | | | | | | | | | | |

By signing below, I authorize Niles Park District to charge my balance due (if any) to the credit card number above if I have not paid by Friday, June 4.

Balance Due _____ Signature _____

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 program/activity, 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 this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 this program/activity against the Niles Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District").

I do hereby fully release and forever discharge the District 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 this program/activity.

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, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

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

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

Camper Information

1 Does your child have allergies? Yes_____ No_____

If "Yes", please list how they are treated:_____

2 Does your child require medication during program hours? Yes_____ No_____

(If "Yes", Medication Dispensing Information Form must be completed.)

3 Is there anything you feel we should know about your child that may aid us in working with him/her?

_____

4 Rate your child's present swimming ability. Please circle your choice. (DOES NOT APPLY to Pint Size, Kiddie Kamp & Sunshine Campers.)

0	1	2	3	4
No Experience				Excellent Swimmer

5 Does your child need any accommodations in accordance with the American Disabilities Act to participate in our camp programs?

Yes_____ No_____ If "Yes", please explain:_____

6 Indicate mode of transportation leaving camp:

_____By Parent _____Car Pool _____Riding Bike _____Walking

Medical Consent

I _____ Parent/Guardian of_____
Age _____, do hereby give my permission and /or consent to the personnel of the Niles Park District camp staff to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of said day camp personnel. I also agree to pay all costs and fees contingent on any emergency medical treatment of my child as secured or authorized under this consent.

SWIM PERMISSION

Camper listed above under counselor supervision has my permission to participate in open swimming and aquatic related activities.

FIELD TRIP PERMISSION

Camper listed above under counselor supervision has my permission to take park transportation to pre-planned outings.

WALK AND EXCURSIONS

Enrolled camper has permission to take walks or excursions to point of interest under proper supervision of camp personnel.

I have read the above and do hereby give permission to the Niles Park District staff to supervise, care for and assist my child in any and all planned activities/trips.

Signature _____ Date _____