



Winter Break Camp Registration Form

Campers Name (Last) _____ (First) _____ Birthdate _____

Address _____ City/State/Zip _____

Email _____ Grade entering next Fall _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

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.

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

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

PLEASE CIRCLE THE DATES YOU WILL BE ATTENDING CAMP:
TUES. DEC 26 • WED. DEC 27 • THURS. DEC 28 • FRI. DEC 29
TUES. JAN 2 • WED. JAN 3 • THURS. JAN 4 • FRI. JAN 5

FULL DAY: KINDERGARTEN-GRADE 8

8:00 AM-5:00 PM

FEE: RESIDENT \$75, NON-RESIDENT \$93 PER DAY

LOCATION: Oasis Fun Center (Rec Camp)

LOCATION: Grennan Heights (Sports Camp, Gr 2-8)

Total Fees Due \$ _____

HALF DAY: AGES 3-5

9:00 AM-1:00 PM

FEE: RESIDENT \$40, NON-RESIDENT \$50 PER DAY

9:00 AM-3:00 PM

FEE: RESIDENT \$60, NON-RESIDENT \$70 PER DAY

LOCATION: Howard Leisure Center

Total Fees Due \$ _____

PAYMENT METHOD:

- ☐ Cash ☐ Visa
☐ Check ☐ MasterCard
☐ AmEx ☐ Discover

CREDIT CARD INFORMATION:

Name: _____ Exp. Date: ____/____

Card Number: _____ - _____ - _____ - _____

Signature _____ Amount \$ _____

Mail to: Niles Park District, 6676 W. Howard St.
In Person: At Howard Leisure Center
Email to: Robin at robin@niles-parks.org

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. Does your child need any accommodations in accordance with the American Disabilities Act to participate in our camp program? Yes _____ No _____
If "Yes", please explain: _____
5. Indicate mode of transportation leaving camp:
_____ By Parent _____ Car Pool _____ Riding Bike _____ Walking

MEDICAL CONSENT & WAIVER

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 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.

Field Trip Permission

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

Walk & 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: _____

WAIVER AND RELEASE OF ALL CLAIMS Please read this form carefully and be aware that in signing up and participating in this program you will be waving and releasing all claims for injuries you might sustain arising out of this program.

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 participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after 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 these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effects as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. if resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.

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.

I have read and fully understand the above important, warning or risk, assumptions of risk and waiver and release of all claims.

Parent/Guardian Signature _____ Date _____

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