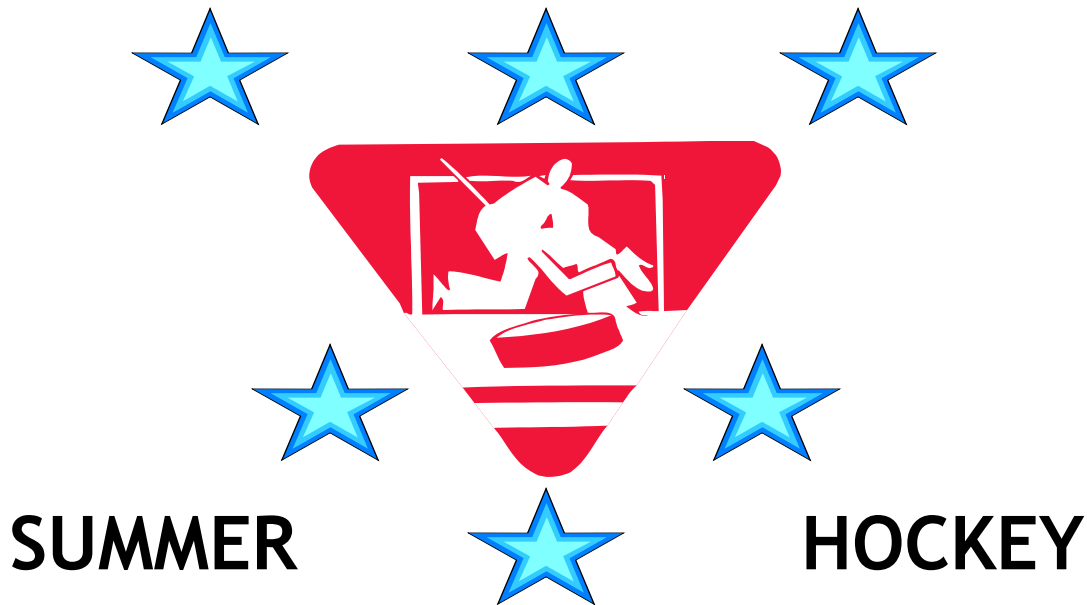


ALL S.T.A.R.

(Sportsmanship, Teamwork, And Respect)



DAY CAMP 2023

9am-4pm

**June 12 - August 11
at IceLand Arena**

Register by the week only.

*There are no single day options
or walk-ins allowed.*

*A Camp for Boys & Girls ages 6-13,
of all levels of experience!*

**Niles Park District Iceland
8435 W. Ballard Rd, Niles-60714
(847) 297-8010
Iceland@niles-parks.org**



2023 All STAR Hockey Camp Program Registration Form



Primary Household Contact: _____

Address: _____ Last Name First Name

City: _____ State: _____ Zip: _____ email: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Program Code	Sec.	Program Title	Days	Fee	Registrant's First & Last Name	Age	Birth Date
		All STAR		\$			
				\$	Total Fees		

All Registration must be done in person at:
IceLand Ice Arena
 8435 W. Ballard Road
 Niles, IL 60714
 Phone: (847) 297-8010
 iceland@niles-parks.org

Payment Method:

Cash
 Check # _____
 Visa / Master Card
 Discover

For Further Information, Please Call (847) 297-8010.

Credit Card Information

Name: _____ Exp. Date: ____/____
 Signature: _____ Amt.: \$_____
 Card Number: _____ - _____ - _____ - _____

Fees: Residents: \$260 / week

Non-Residents: \$315 / week

Activity: **333312**
 9:00 am to 4:00 pm

Full equipment is Required

Rental Equipment: \$25.00/week: **333311**

Discount :

10% off fees for second child registered from immediate family for same week.

Before Camp Care: 333233 7am-9am

After Camp Care: 333234 4pm-6pm

Resident: \$50 Non-Resident: \$63

There will be no refunds for missed days.

There are no transfers of single days.
 \$7 transfer fee/week.

Registration must be received by the Friday before the start of camp week. No walk-ins or day of registrations accepted.

_____ I understand refund policy

Please circle the weeks your child will be attending camp.

Week 1	6/12	6/13	6/14	6/15	6/16
Week 2	6/19	6/20	6/21	6/22	6/23
Week 3	6/26	6/27	6/28	6/29	6/30
Week 4	7/03	7/04	7/05	7/06	7/07
\$156/\$189	No Camp	No Camp			
Week 5	7/10	7/11	7/12	7/13	7/14
Week 6	7/17	7/18	7/19	7/20	7/21
Week 7	7/24	7/25	7/26	7/27	7/28
Week 8	7/31	8/01	8/02	8/03	8/04
Week 9	8/07	8/08	8/09	8/10	8/11

HOCKEY PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The Niles 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 Niles 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 this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately 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

Hockey is a sport 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, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck, or other player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing conditions, defective equipment, imperfections in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to sport of hockey. In this regard, it is impossible for the Niles Park District 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 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 and vehicle operations, 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.

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

NO Refunds for missed days. No transfers for missed days.

NO drop off before 9:00 am, must pick up by 4:00 pm.

Before and After care available for early or late arrival. Must register by the week, no single day registrations.

PLEASE PRINT

Participant's Name _____

Date: _____

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



2023 Before or After Camp Registration Form



Primary Household Contact: _____ Last Name _____ First Name _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Program Code	Sec.	Program Title	Days	Fee	Registrant's First & Last Name	Age	Birth Date
				\$			
				\$			

\$ Total Fees For Further Information, Please Call (847) 297-8010

All Registration must be done in person at:
IceLand Ice Arena
 8435 W. Ballard Road
 Niles, IL 60714
 Phone: 847- 297-8010
 Fax: 847-298-5768

Payment Method:

Cash
 Check # _____
 Visa / Master Card
 Discover

Credit Card Information

Name: _____ Exp. Date: ____/____

Signature: _____ Amt.: \$ _____

Card Number: _____ - _____ - _____ - _____

Email registrations to: iceland@niles-parks.org

Please circle the weeks which your child will be attending before or after care.

7:00-9:00 am **Before camp care** : 333233

4:00-6:00 pm **After camp care** : 333234

Weekly Fee: Resident \$50.00/Non-Resident \$63.00

No daily registration, no walk-ins or day of registrations. Registration must be received by the Friday before the start of camp week.

	Mon.	Tues.	Wed.	Thurs.	Fri.
Week 1	6/12	6/13	6/14	6/15	6/16
Week 2	6/19	6/20	6/21	6/22	6/23
Week 3	6/26	6/27	6/28	6/29	7/30
Week 4	7/03 No Camp	7/04 No Camp	7/05	7/06	7/07
Week 5	7/10	7/11	7/12	7/13	7/14
Week 6	7/17	7/18	7/19	7/20	7/21
Week 7	7/24	7/25	7/26	7/27	7/28
Week 8	7/31	8/01	8/02	8/03	8/04
Week 9	8/07	8/08	8/09	8/10	8/11

I have read and understand all the waivers associated with Niles Park District Camps. No drop off before 7:00 am. I also understand that if I fail to pick up my child by 6:00 pm on the day I register for after camp care, I will be charged a late fee of double the cost of care.

 Name/Signature

 Date

2023

All STAR Camp Daily Itinerary

	Monday	Wednesday	Friday
9:00 - 9:15	Sign in/Movie/ Knee Hockey	Sign in/Movie/ Knee Hockey	Sign in/Movie/ Knee Hockey
9:15 - 9:40	Chalk Talk Games/videos	Chalk Talk Games/videos	Chalk Talk Games/videos
9:40 –10:35 Weather Permitting	Outdoor Games	Outdoor Games	Gym Shoes Broom Ball
10:35 - 11:00	Change for On Ice	Change for On Ice	Change for On Ice
11:00 - 12:00	On Ice	On Ice	On Ice
12:00 - 1:00	Lunch Bring your own	Lunch Bring your own	Lunch Drive to Pool
1:00 - 2:05	Walk to Park/ Outdoor Games	Or Movie Or	Pool
2:05 - 2:30	Change for On Ice	Change for On Ice	Pool
2:30 - 3:30	On Ice	On Ice	Pool
3:30 - 4:00	Movie/Knee Hockey/ Get Ready to go Home/Sign Out	Movie/Knee Hockey/ Get Ready to go Home/Sign Out	Back from pool/Movie/Knee Hockey/Get Ready to go Home/Sign out

Before and After care is available for campers that arrive before 9:00 am or are picked up after 4:00 pm for an additional cost. The field trip to the Pool on Fridays is weather permitting. If the weather is bad on Fridays, we will have an additional hour of on-ice in place of swimming. Please bring a lunch daily.

2023

All STAR Camp Daily Itinerary

	Tuesday	Thursday
9:00 - 9:25	Sign in/Movie/Knee Hockey	Sign in/Movie/Knee Hockey
9:25 - 9:50	Change for On Ice	Change for On Ice
9:50 - 10:50	On Ice	On Ice
10:50 - 12:00	Get Changed/Outdoor Games	Get Changed/Outdoor Games
12:00 - 12:50	Lunch Bring your own	Lunch Bring your own
12:50 - 1:55	Walk to Park/Outdoor Games/Movie	Walk to Park/Outdoor Games/Movie
1:55 - 2:20	Change for On Ice	Change for On Ice
2:20 - 3:20	On Ice	On Ice
3:20 - 3:40	Get Changed	Get Changed
3:40 - 4:00	Movie/Knee Hockey/Board Games Get Ready to go Home/Sign Out	Movie/Knee Hockey/Board Games Get Ready to go Home/Sign Out

Before and After care is available for campers that arrive before 9:00 am or are picked up after 4:00 pm for an additional cost. The field trip to the Pool on Fridays is weather permitting. If the weather is bad on Fridays, we will have an additional hour of on-ice in place of swimming. Please bring a lunch daily.

Camp Information Sheet

Child's Name: _____ Phone: _____
Address: _____ City: _____
Child's Birthdate: _____ Sex: Male or Female (*Circle One*)
Mother's Name: _____ Phones: _____
Father's Name: _____ Phones: _____
Emergency Contact: _____ Phones: _____

List the names, relationship and phone number of any persons authorized to pick your child up from camp as well as take responsibility if neither parent can be reached when needed.

Name/Relationship _____ Phone: _____
Name/Relationship _____ Phone: _____
Name/Relationship _____ Phone: _____

Medical Consent Form

I _____ Parent/Guardian of _____
Age _____, do hereby give my permission and/or consent to the personnel of the Niles Park District Iceland 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 Iceland staff personnel. I also agree to pay all costs and fees contingent on any medical treatment of my child as secured or authorized under this consent.

Walks & Excursions

Camper has permission to take walks or excursions to points of interest under proper supervision of Iceland staff personnel; this also includes permission for my child to ride in a Niles Park District vehicle needed for such excursions.

Swim Permission

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

Broom Ball Permission

Camper has permission to participate in Broom Ball under Niles Park District Iceland staff supervision. Broom Ball is played on the ice. Gym shoes and helmets are required to participate in broom ball.

Camper Public Release Form

Camper may be included in any pictures taken and they may be used to interpret the Iceland programs through the press and other media. Any such photography will be done under the direct supervision of the Iceland staff.

I understand that IceLand summer camps hours are from 900 am-400 pm. I agree to pay the fees associated with before and after care for any child dropped off early or picked up late. IceLand will not be open before 700 am for early drop off and will be closed at 600 pm for after care.

Signature

Date

Let's Get Acquainted

1. Does your child have allergies? YES NO

2. Does your child require medication during program hours? YES NO

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

3. Please list anything else you would like us to know about your child?

4. Rate your child's present swimming ability. Please circle your choice

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? YES NO

6. List your child's skating level, Blade Camp or hockey level, ALL Star hockey camp.

7. Does your child need to rent skates or hockey equipment for camp? YES NO

Child Pick-Up Procedure

Campers will only be released to persons with prior written consent from a parent or guardian. This is to ensure the safety of your child. Please do not take offense if the Camp staff asks to see a picture ID. **All parents are required to sign their child out before they will be released.** The following form has been developed to assist Niles Park District staff to effectively carrying out this policy.

Please complete and return to your child's camp counselor on the first day of camp session.

I, _____ give my permission for the
following people to pick-up _____ from
_____.

1. _____ Relationship to camper
2. _____ Relationship to camper
3. _____ Relationship to camper

I understand that IceLand summer camp hours are from 9:00 am – 4:00 pm. I agree to pay the fees associated with before and after care for any child dropped off early or picked up late. IceLand will not be open before 7:00 am for early drop off and will be closed at 6:00 pm for after care.

Signature Relationship to camper

Date

Please complete and return to your child's camp counselor on the first day of camp session.

Niles Park District

**Permission To Dispense Medication
Waiver and Release of All Claims**

The **Niles Park District** will not dispense medication to a minor child or other participants until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM: _____ **Date:** _____

I _____ the parent/guardian of _____
(Print name) (Print child's name)
give permission to the staff of the **Niles Park District** to administer to my child

(Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

PARTICIPANT'S NAME: _____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Niles Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

(Over)

**Permission To Dispense Medicine
Waiver and Release of All Claims
Page 2**

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Niles Park District administering medication to my minor child, I do hereby fully release or discharge the Niles Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Niles Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date

Niles Park District

Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s): _____

Daytime Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

(Over)

Medication Dispensing Information Form

Page 2

3. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION: _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

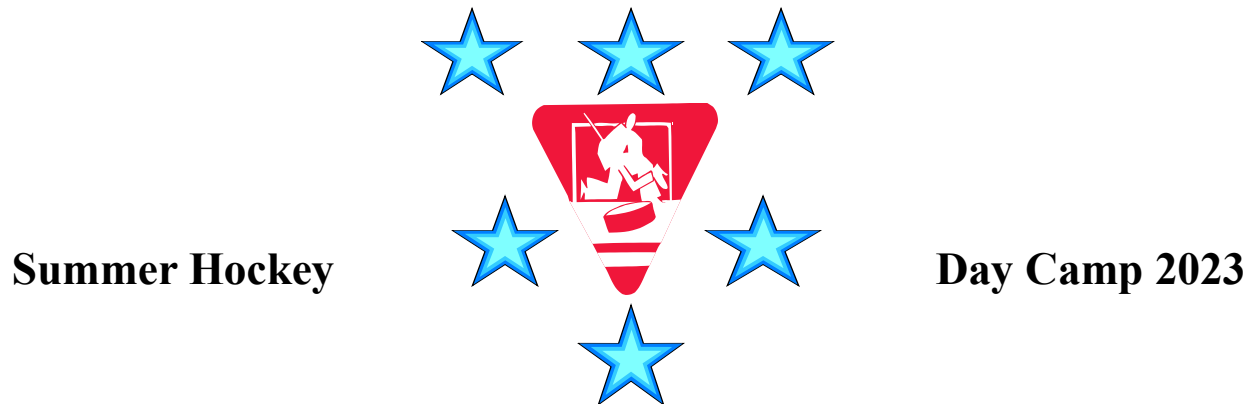
In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

Signature of Parent or Guardian

Date

ALL S.T.A.R.
Sportsmanship, Teamwork, And Respect



What you need to know for camp:

Full set of hockey equipment needed, rental equipment available.

Sack Lunch daily with cold pack.

Extra dry t-shirt & socks for after hockey.

Gym shoes, no open toe shoes or sandals.

Snacks and drink or water bottle, must be marked with camper's name.

Favorite board game/movie for rainy days, optional.

Extra money for snacks or Grab & Go concession.

Towel and bathing suit for Friday at pool.

Sun screen for outdoor activities.

No refunds for missed days. No transfers for missed days.

No cell phone use during camp day. Cell phones must be kept in hockey bags.

No electronic games or devises allowed in camp.