



2023 Camp Registration Form

PLEASE COMPLETE ONE FORM (BOTH SIDES) PER CAMPER WITH SIGNED WAIVER AND RELEASE OF ALL CLAIMS

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

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Email _____

Primary Phone _____ Grade Entering Fall 2022 _____

Do you need an Americans with Disabilities Act Accommodation? ☐ NO ☐ YES (Please describe any accommodations needed for successful inclusion)

Camper Information

1. Rate your child's present swimming ability. Please circle your choice. (DOES NOT APPLY to Early Childhood Camps.)

0 1 2 3 4
No Experience Excellent Swimmer

2. Camper friend request (Not guaranteed/must be age appropriate). _____

3. Indicate mode of transportation leaving camp. By Parent _____ Car Pool _____ Riding Bike _____ Walking _____

PLEASE PUT AN X IN THE COLUMN(S) YOUR CHILD WILL BE ATTENDING CAMP: JUNE 5 - AUGUST 11 (*NO CAMP JULY 4)

CAMP	WEEK 1 6/5 - 6/9	WEEK 2 6/12 - 6/16	WEEK 3 6/19 - 6/23	WEEK 4 6/26 - 6/30	WEEK 5* 7/3 - 7/7	WEEK 6 7/10 - 7/14	WEEK 7 7/17 - 7/21	WEEK 8 7/24 - 7/28	WEEK 9 7/31 - 8/4	WEEK 10 8/7 - 8/11
Lil Campers M-F (9a-1p)										
Lil Campers M-F (9a-3p)										
Lil Campers M/W/F										
Lil Campers Tu/Th										
Jr. Voyagers (Gr. K-1)										
Voyagers (Gr. 2-3)										
Explorers (Gr. 4-8)										
Dance Camp										
Sports Camp										
Before Care										
After Care										

RECREATION CAMP (GRADES K - 8)

Fees Per Week: Res \$275, Non-Res \$330

SPORTS CAMP (GRADES K - 8)

Fees Per Week: Res \$275, Non-Res \$330

EARLY CHILDHOOD CAMPS AT HLC (AGES 3-5)

Fees Per Week: (M-F 9a-1p) Res \$161, Non-Res \$193
(M-F 9a-3p) Res \$242, Non-Res \$290
(M/W/F) Res \$97, Non-Res \$117
(TU/TH) Res \$65, Non-Res \$78

BEFORE CARE

Fees Per Week: Res \$42, Non-Res \$53

AFTER CARE

Fees Per Week: Res \$56, Non-Res \$70

Total Fees Due \$ _____

CREDIT CARD INFORMATION - (MUST BE COMPLETED)

Name: _____ Exp. Date: _____

Card Number: _____

Balance Due: _____ Signature: _____



MAKE SURE TO COMPLETE BOTH SIDES

Emergency Contacts & Child Pick-Up

Include all authorized individuals to be contacted if unable to reach parents. Authorized person will be required to show proof of identification when taking child home from camp. Your child will not be released to anyone except the individuals listed.

1. Name _____ Relationship _____ Cell _____

☐ Emergency Contact

☐ Authorized for Camp Pick Up

2. Name _____ Relationship _____ Cell _____

☐ Emergency Contact

☐ Authorized for Camp Pick Up

3. Name _____ Relationship _____ Cell _____

☐ Emergency Contact

☐ Authorized for Camp Pick Up

Medical Consent & Waiver

1. Does your child have allergies? Yes _____ No _____ If "Yes", please list allergies _____
_____ EpiPen _____ Other _____

2. Does your child require medication during program hours? Yes _____ No _____ (If "Yes", complete Medication Dispensing Form.)

I 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.

WALK PERMISSION Camper listed under counselor supervision has my permission to take walks to local parks under proper supervision of camp personnel.

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 these 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 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.

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 online or via fax, your online 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.

I have read and fully understand the above important, warning or risk, assumption 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.