



2017 Camp Registration Form

Camper's Name (Last) _____ (First) _____ Birthdate _____
 Additional Camper's Name (Last) _____ (First) _____ Birthdate _____
 Address _____ City _____ Zip _____
 Parent/Guardian Name _____ Email _____
 Phone (Home) _____ (Work) _____ (Cell) _____

Camper Information

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.)
3. 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
4. Indicate mode of transportation leaving camp. By Parent _____ Car Pool _____ Riding Bike _____ Walking _____
5. Does your child need any accommodations in accordance with the American Disabilities Act to participate in our camp programs? Yes _____ No _____

ARE YOU INTERESTED IN SWIM LESSONS?

Discoverers, Voyagers, Explorers

M & F, Jun 19- Jul 7 #310805-01

M & F, Jul 10-Jul 28 #310805-02

Sports Camp

Tu & Th, Jun 20- Jul 6 #310805-03

Tu & Th, Jul 11-Jul 27 #310805-04

PLEASE CIRCLE DATES YOUR CHILD WILL BE ATTENDING CAMP: JUNE 5 - AUGUST 18

June				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

July				
M	T	W	T	F
3	5	6	7	
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

August				
M	T	W	T	F
1	2	3	4	
7	8	9	10	11
14	15	16	17	18

PLEASE CIRCLE THE CAMP(S) YOUR CHILD WILL BE ATTENDING

- | | |
|------------------------|--------------------|
| Discoverers K-6 | Pint Size Pioneers |
| Voyagers K-3 | Kiddie Kamp |
| Explorers 4-6 | Lil Campers |
| Before Care Recreation | Sports Camp |
| After Care Recreation | Sports Mini Camp |
| | Before Care Sports |
| | After Care Sports |

Total Fees Due \$ _____

CREDIT CARD INFORMATION - (MUST BE COMPLETED)

Name: _____ Exp. Date: _____

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 2.

Balance Due: _____ Signature: _____



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

4. Name _____ Relationship _____ Cell _____

Emergency Contact Authorized for Camp Pick Up

Medical Consent & Waiver

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.

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

FIELD TRIP PERMISSION Camper listed under counselor supervision has my permission to take chartered bus and park transportation to pre-planned outings.

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 of 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.