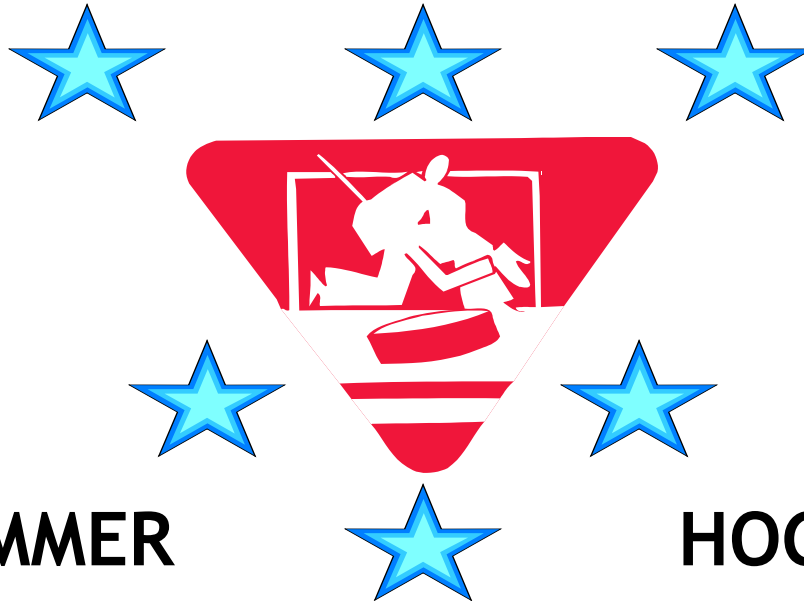


# ALL S.T.A.R.

(Sportsmanship, Teamwork, And Respect)



**SUMMER**

**HOCKEY**

## DAY CAMP 2024

**9am-4pm**

**June 10 - August 9  
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**



# 2024 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		\$			
				\$	<b>Total Fees</b>		

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  
 iceland@niles-parks.org

**Payment Method:**  
 Cash  
 Check # \_\_\_\_\_  
 Visa / Master Card  
 Discover

**Credit Card Information**  
 Name: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_  
 Signature: \_\_\_\_\_ Amt.: \$\_\_\_\_\_  
 Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fees:** Residents: \$270 / week

Non-Residents: \$325 / 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.

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

## ALL STAR HOCKEY CAMP PROGRAM WAIVER & RELEASE

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 ice-skating activities. 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)**

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.

**WARNING OF RISK (Swimming and Broomball)** Swimming is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Niles Park District to guarantee absolute safety.

Broomball is 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. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, being tripped; body checked; cross-checked with the stick; hit with a slash, a high stick, or a thrown broom; elbowed in the head or face; collisions with other players and stationary objects; being slammed into the boards, poor officiating or supervision; injuries caused by failure to wear adequate protective equipment; inadequate or dangerous playing conditions; imperfections on the ice; unsportsmanlike conduct, inadequate or defective equipment, and all other circumstances inherent to sport of broomball. 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. May choose an alternate day missed due to illness, \$5.00 day transfer fee.**

PLEASE PRINT

Participant's Name

\_\_\_\_\_

Date \_\_\_\_\_

Participant's Signature

\_\_\_\_\_

(18 years or older or Parent/Guardian)

Staff Initials \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**If the signature of adult participant or parent/guardian and date are not on this waiver.**



# 2024 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.
<b>Week 1</b>	6/10	6/11	6/12	6/13	6/14
<b>Week 2</b>	6/17	6/18	6/19	6/20	6/21
<b>Week 3</b>	6/24	6/25	6/26	6/27	6/28
<b>Week 4</b> <b>\$30/\$38</b>	7/01	7/02	7/03	7/04 No Camp	7/05 No Camp
<b>Week 5</b>	7/08	7/09	7/10	7/11	7/12
<b>Week 6</b>	7/15	7/16	7/17	7/18	7/19
<b>Week 7</b>	7/22	7/23	7/24	7/25	7/26
<b>Week 8</b>	7/29	7/30	7/31	8/01	8/02
<b>Week 9</b>	8/05	8/06	8/07	8/08	8/09

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

2024

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.**

2024

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

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

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

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

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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 and hockey experience

---

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.*

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



**Summer Hockey**

**Day Camp 2024**

**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 devices allowed in camp.**