



Fitness, Family and Fun

Niles IceLand

Summer Blast

Blade Camp

M-W-F

**June 16 to August 8,
2025**

9am-4pm

Register by the week.

**Before and
After Care available.**



Summer Blast

Blade Camp Information



- **Registration opens May 6, 2025 for Niles Residents and Team IceLand Members. May 9, 2025 for skater currently enrolled in the 2025 Spring Session. Open registration on May 13, 2025.**
- **Sign up for camp by the week.**
- **Camp meets Monday, Wednesday, and Friday from 9am-4pm.**
- **Before and after care available for an additional fee. Pre-registration required. Fee per day below:**
 - **Before Care 7am-9am Res. \$10.00 Non. Res. \$13.00**
 - **After Care 4pm-6pm Res. \$10.00 Non. Res. \$13.00**
- **Day camp with daily skating time. Focus on summer fun and cooling off with daily skating time.**
- **All levels.**
- **Bring a friend. Camp is always more fun with friends.**
- **Rental skates available during camp sessions.**
- **Monday afternoon field trips to local child-friendly places. (based on availability and weather permitting)**
- **Friday afternoon pool day. (weather permitting)**
- **Outdoor fun and games.**
- **Weekly themes and crafts.**
- **Campers must pack a lunch and water daily.**
- **NO Camp July 4th or 7th.**
- **IceLand is closed July 4th through 6th.**



Program Information



What your child will need for camp/training:

- OPEN TOED SHOES ARE NOT ALLOWED AT ICELAND EVER.
- Skaters should not bring tablets or phones to camp. If they have a phone it will remain in their bags.
- Lunch & Snack—Skaters should pack a lunch each day.
- Water Bottle
- Skates
- Proper skating attire for Ice Skating. (No Jeans or Shorts allowed on the ice.)
- Gloves
- Extra Jacket
- Helmet if you want your skater to wear this while skating.
- Well-constructed gym shoes that tie, for outside activities, no sandals.

Cross-training shoes are suggested. Flat shoes with no support will cause injuries.

- Socks
- Exercise mat
- Small towel
- Jump rope (Plastic, workout type jump rope)
- Skating program music for practice time. (If the skater has a program)
- Snacks and Drinks
- Sunscreen for activities outside.
- Special items for theme days. Information to come.
- Summer Blast Blade Campers will go to the pool Fridays, weather permitting. Please send towels, swim suits, and whatever else the skaters feel they need for the pool. All skaters will be mandatory swim tested on their first pool day.
- Skaters may bring cell phones with them. These must remain in their bags for the duration of camp. If there is an emergency please call the rink directly at 847-297-8010.

• **NO Camp
July 4th or 7th.**
• **IceLand is
closed July
4th through
6th.**

***Any skater without proper shoes or skating attire will not be allowed to participate in activities for their safety.**

***Skaters may not share items.**

Schedule and activities subject to change.

Summer Blast Blade Camp



Daily Schedule

Time/Day	Monday	Wednesday	Friday
9am-9:15am	Check In	Check In	Check In
9:15am-9:40am	Activity 1	Activity 1	Activity 1
9:40am-9:50am	Skates On	Skates On	Skates On
9:50am-10:50am	Ice Time	Ice Time	Ice Time
10:50am-11am	Skates Off	Skates Off	Skates Off
11am-11:30am	Activity 2	Activity 2	Activity 2
11:30pm-12:15	Lunch	Lunch	Lunch
12:15pm-1:10pm	Activity 3/ Or depart for field trip	Activity 3	Activity 3/Or go to the Pool
1:10pm-1:20pm	Skates On	Skates On	Skates On/Or Pool
1:20pm-2:20pm	Ice Time/ Or Field Trip	Ice Time	Ice Time/ or Pool
2:20pm-2:30pm	Skates Off /Or Field Trip	Skates Off	Skates Off/ Or Pool
2:30pm-3:45pm	Activity/Or Field Trip	Activity	Activity/Or Pool/Return from Pool
3:45pm-4pm	Get ready to depart for the day.	Get ready to depart for the day.	Get ready to depart for the day.

Activities may include:

Crafts, outdoor games, outdoor sports like kick ball, whiffle ball, dodge ball, 4 square, relay races, floor hockey, water balloons, bouncy house day, movies, indoor games, walk to Golf Mill Park, etc.

Schedule and activities subject to change.





2025 Summer Blast Blade Camp Program Registration



Primary Household Contact: _____

Address: _____

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

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

Program Code	Sec.	Program Title	WEEKS	Fee	Registrant's First & Last Name	Age	Birth Date
333220		Summer Blast Blade Camp		\$			
				\$	Total Fees		

Credit Card Information

Name: _____ Exp. Date: ____/____

Signature: _____ Amt.: \$ _____

Card Number: _____ - _____ - _____

All Registration must be sent by e-mail to:

Aforbes@niles-parks.org

IceLand Ice Arena

8435 W. Ballard Road

Niles, IL 60714

Summer Camp Session:

June 16 to August 8, 2025

- Registration Begins May 6, 2025
- 2 Week Non-Refundable deposit due at time of registration.
- 10% Discount for second child registered from immediate family for the same weeks in the Summer Blast Blade Camp.
- Skaters must choose their weeks at the time of registration.
- There will not be refunds for missed days or weeks.
- No camp July 4, or July 7.
- No refunds or make-ups for missed days or weeks.

Weekly—Code# 333220

Monday/Wednesday/Friday

9AM to 4PM

Res. \$204.00/per week

Non. Res. \$237.00/per week

Week 3 & 4 Camp Fees:

Res. \$136.00

Non. Res. \$158.00

Please circle the weeks which your child will be attending camp.

Mon/Wed/Fri.

Week 1 6/16, 18, and 20

Week 2 6/23, 25, and 27

Week 3 6/30 and 7/2
No camp 7/4.

Week 4 7/9 and 11
No camp 7/7

Week 5 7/14, 16, and 18

Week 6 7/21, 23, and 25

Week 7 7/28, 7/30, and 8/1

Week 8 8/4, 6, and 8

Schedule and activities subject to change.



2025 Summer Blast Blade Camp Program Waiver



ICE-SKATING 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 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

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the 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 injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice- skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that 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 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 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. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect 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, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver.

NO REFUNDS issued after start of session. NO REFUNDS for 2 week camp deposit. NO MAKE-UPS for missed camp days. No camp 7/3/24 or 7/5/24

Signature: _____ Date: _____ Staff Initials: _____



Summer Blast 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

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

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

1. 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 for camp? YES NO