**Waukegan Park District Use Only**

All forms Checked\_\_\_\_\_\_\_\_\_\_ Manager Reviewing \_\_\_\_\_\_

Special needs reviewed \_\_\_\_\_\_\_Date of Final Review\_\_\_\_\_

Medications reviewed\_\_\_\_\_\_\_\_

Final Payments made (Initial next to section) \_\_\_\_\_\_\_\_\_

**Registration Form**

**Summer Fun Camp (Age 6-12)**

**\*Must have completed Kindergarten**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child/Participant Information** | | | | |
| Participant’s Name: | | Home Phone: | | |
| Address: | City: | | State: | ZIP: |
| Child’s Birth Date:      /      / | Child’s Age: | | Sex:  M  F | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Information #1** | | | **Parent/Guardian Information #2** | | |
| Ms. | Mr. | | Ms. | Mr. | |
| First & Last Name: | | | First & Last Name: | | |
| Home Address: | | | Home Address: | | |
| City, State: | | Zip: | City, State: | | Zip: |
| Home Phone:       Work Phone: | | | Home Phone:       Work Phone: | | |
| Email Address for Confirmation: | | | Email Address for Confirmation: | | |
|  | | |  | | |
| Emergency Contact Name: | | | Emergency Contact Phone #: | | |
| **In an emergency situation, every effort will be made to reach a parent first. The emergency contact will only be called if a parent cannot be reached in a reasonable period of time.** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sessions** | **Dates**  **Monday - Friday** | **Program #** | **Fee** | **Select** |
| **1** | Monday, June 7 to Friday, June 11 | 20501212-1A | $129/$155 |  |
| **2** | Monday, June 14 to Thursday, June 17\* | 20501212-2A | $119/$140 |  |
| **3** | Monday, June 21 to Friday, June 25 | 20501212-3A | $129/$155 |  |
| **4** | Monday, June 28 to Friday, July 2 | 20501212-4A | $129/$155 |  |
| **5** | Tuesday, July 6 to Friday, July 9\* | 20501212-5A | $119/$140 |  |
| **6** | Monday, July 12 to Friday, July 16 | 20501212-6A | $129/$155 |  |
| **7** | Monday, July 19 to Friday, July 23 | 20501212-7A | $129/$155 |  |
| **8** | Monday, July 26 to Friday, July 30 | 20501212-8A | $129/$155 |  |
| **9** | Monday, August 2 to Friday, August 6 | 20501212-9A | $129/$155 |  |

\*Discounted price due to days off.

**This form MUST be completed and returned as part of your registration packet.**

**Child Pick-up Authorization:**

***Print Participant Name***

Please list everyone authorized to pick-up your child from camp. This includes parents! Your child will only be released to those individuals on this list. **Government ID is required at pick-up**. If you need to add or remove a person from this list, you may do so at any time in writing.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name (First &Last)** | **Relationship to Child** | **Phone Number** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

**Authorization To Participate**

* I authorize this child to participate in the Waukegan Park District Parky’s Fun Club and any on-site and off-site activities that are included. \_\_\_\_\_\_\_ **(Initials)**
* I agree to pay any payment balances and fees by the deadlines set forth in the Waukegan Park District (WPD) Brochure. I understand that failure to make payments on time or violations of any procedures set forth in the WPD Brochure can result in forfeit of my deposits and any reserved spaces in the WPD Fun Clubs .\_\_\_\_\_\_\_ **(Initials)**
* In the event of an emergency, I authorize Park District staff to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered. \_\_\_\_\_\_\_ **(Initials)**
* I have provided all **Special Care and Consideration** **Section** information as required by the Waukegan Park District to ensure the best care of my child while attending club. \_\_\_\_\_\_\_ **(Initials)**

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**:

**Parent Checklist of Forms Attached**

General Medical Information Form – Completed

Special Care and Consideration Section – Completed

Permission to Dispense Medication Waiver and Release of All Claims – Completed & Signed

Medication Information – Completed & Signed

Medication Dose Instructions

Archery, Canoe, Rock Climbing, and General Waivers Signed

**GENERAL MEDICAL INFORMATION FORM**

**Please check or X the appropriate box:**

My child **DOES** **NOT** take medicine during club hours. \_\_\_\_\_ **(Initials)**

My child **WILL** needto take medicine during club hours. \_\_\_\_\_ **(Initials)**

**PROGRAM:**

**Participant’s Name:**

**Age:**

**Address:**

**Parent’s/Guardian’s Name:**

**Daytime Phone:**

Other Phone:

**Doctors Name:**

**Doctor’s Phone Number:**

(Other numbers on the Emergency Contact form can be referenced)

In order for your child to have the best possible program experience, it is helpful for us to know if your child has ADD, ADHD, BD, learning disability, asthma, seizures, food allergies or anything else which might affect his/her experience. Please use the **Special Care/Consideration** **Section** page to provide the information needed to assist staff.

**Special Care/Consideration Section**

Waukegan Park District is committed to meeting your unique, individual leisure needs.  **It is the responsibility of the parent or participant to request any Special Care/Consideration needed for any conditions that affect your child physically, psychologically, emotionally or socially.** This is for everyone’s protection, and your confidentiality will be respected.

**Please keep in mind that not all personal care needs can be met by the District.**

* Any requests for inclusion services or personal care services should be made a minimum of TWO weeks prior to the start of club; a delay in making a request may delay the start date or require a parent to assist with the administration of care during club.
* Once requested parent/guardian **MUST** have a conversation with a Recreation Specialist or another Management Staff prior to the start of camp to confirm the requested Special Care/Consideration can be administered/provided by Staff member.
* The Park District does NOT have trained, certified, or licensed healthcare providers on staff.
* Requests for accommodation are evaluated on a case-by-case basis by any one or combination of Park District staff.
* Please note that Park District staff are unable to make medical diagnoses and/or to perform invasive medical procedures.
* When a participant or parent/guardian requests personal or medical care potentially outside the scope of the reasonable accommodation under the ADA, District staff will utilize the established “Participant Care Guidelines” to review the request to help ensure the safe involvement of the participant in Park District or SRSNLC programs.
* Additional information from the participant’s doctor may be needed to assist staff in determining if the request for additional care/consideration can be accommodated.
* Once a request is approved, a meeting may be required to allow parents to train staff and/or to discuss plans to best accommodate the participant.

**Please list below or attach a description of any special care/accommodations you are requesting to your registration form.  This procedure will help ensure your enjoyment of our program.**

**Participant Name:**

**Program participating in**:

**PERMISSION TO DISPENSE MEDICATION**

**WAIVER AND RELEASE OF ALL CLAIMS**

(If more than three medications per participant complete another form.) The Waukegan Park District (WPD) will not dispense medication to a minor child or other participants until the *Permission To Dispense Medication/Waiver and Release of All Claims* Form has been fully completed by a parent or guardian. The agency’s internal procedures on dispensing medication are available for review.

This permission will be in effect from       /       /       to       /       /

I,       , the parent/guardian of       , give permission to

(Print Parent/Guardian Name) (Print Participant Name)

the staff of the Waukegan Park District to administer the following medication(s) to my child according to the Dose Instructions listed on page five. I understand it is my responsibility to give only daily doses or amount for program activity, of the medication directly to the program staff in original prescription containers with the following information:

• Participant’s name

• Name of medication

• Complete dosage instructions (amount and time of day)

If temporary containers must be used, see Parent Club Handbook Medicine Guidelines and allow a minimum of 3 business days prior to program to complete the approval process. I understand that, if there is any discrepancy between the instructions I have written on this waiver and the prescription label, WPD staff will not dispense the medication until a parent/guardian or physician can be reached. If medication is needed for an emergency situation, I understand that the dispensing instructions used will be those from the original prescription container.

In all cases the recommended dosage of medication on original prescription container will not be exceeded, when administered by staff. If after administering medication, there is an adverse reaction, I give my permission to the WPD to secure medical treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administration of medication to my minor child. Such risks include but are not limited to, failing to properly administer medication, failing to observe side effects, failing to assess and/or recognize adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services. In consideration of the WPD administering medication to my child, I do hereby fully release or discharge the WPD, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, or losses I or my minor child will have (or accrue to 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Name:**

**Program participating in**:

**Medication Information & Dose Instructions**

Information on medications to be administered to the participant during program hours is required. If a medication needs to be administered by Waukegan Park District staff, the ‘Permission to Dispense Medication’ form must be completed and **each medication** needing to be dispensed must be reflected below. In all cases, medication dispensing can only be administered, changed or modified by completing the **‘Permission to Dispense Medication’** and **Medication Information** form.

In case of an emergency, it is also helpful to list any medication the participant receives on a regular basis but it is not mandatory that you share this information.

1. **Name of Medication**:       Dose       Time

Disepensed at:      program       home (if dispensed at home please put N/A for answers below)

Dispensed by:       staff       guardian       self

Reason for medication:

Possible side effect:

Dispensing Instructions:

Storage Instructions:

1. **Name of Medication**:       Dose       Time

Disepensed at:      program       home (if dispensed at home please put N/A for answers below)

Dispensed by:       staff       guardian       self

Reason for medication:

Possible side effect:

Dispensing Instructions:

Storage Instructions:

1. **Name of Medication**:       Dose       Time

Disepensed at:      program       home (if dispensed at home please put N/A for answers below)

Dispensed by:       staff       guardian       self

Reason for medication:

Possible side effect:

Dispensing Instructions:

Storage Instructions:

**Other Information**

**Acknowledgment**

I hereby acknowledge that the above information is accurate, and I understand that it is my responsibility to inform the Waukegan Park District of any changes in the above information. I understand that I need to talk via phone or in person with a Recreation Specialist or Management staff about my child’s need for medication prior to the start of camp.

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Name:**

**ARCHERY PROGRAM WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Waukegan 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 Waukegan Park District continuously strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant’s 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 programs/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

Archery 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. Understandably, not all hazards and dangers can be foreseen. The very nature of archery is hazardous and risky. Inherent risks include, but are not limited to, getting hit by an arrow, self-inflicted wounds, improper shooting technique, carelessness of other archers, lack of proper protection, poor range conditions, poorly selected and maintained equipment, lack of conditioning, horseplay, carelessness, poor pulling technique, splintering of the arrow, inadequate supervision or instruction, premises defects, and other risks inherent to archery. In this regard, it is impossible for the Waukegan 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 Waukegan Park District, including its officials, agents, volunteers and employees (hereinafter referred to as WPD).

I do hereby fully release and forever discharge the WPD 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 further agree to indemnify, hold harmless and defend the WPD from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize Park District Staff to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, waiver and release of all claims and assumption of risk. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

**PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**

**Minor Participant’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(18 years or older or Parent/Guardian)

**Participant Name:**

**CANOE PROGRAM WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Waukegan 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 Waukegan Park District continuously strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant’s safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in outdoor recreational activities.

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

Canoeing 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, including drowning. Understandably, not all hazards and dangers can be foreseen. Certain risks include, but are not limited to, dangerous weather and water conditions such as rapids, deep or cold water, above water and submerged rocks and obstacles , hydraulics, strainers and ledges , acts of God, and insect bites. Other risks include capsizing, being pinned between rocks, logs or trees, hypothermia, sunburn, heatstroke, dehydration, inadequate supervision or instruction, horseplay and carelessness, poor canoeing technique or swimming skills, loss of balance, collision with other canoes or stationary objects, paddling the canoe in waters too difficult for the canoeist’s capability, inadequate or defective equipment, and failure to wear a personal flotation device or other safety equipment. In this regard, it is impossible for the Waukegan 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 Waukegan Park District, including its officials, agents, volunteers and employees (hereinafter referred to as WPD).

I do hereby fully release and forever discharge the WPD 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 further agree to indemnify, hold harmless and defend the WPD from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize Park District Staff to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

**I have read and fully understand the above important information, warning of risk, waiver and release of all claims, and assumption of risk. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**

**Minor Participant’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(18 years or older or Parent/Guardian)

**Participant Name:**