

WAUKEGAN PARK DISTRICT

2025 Summer Day Camp Registration Form Belvidere Explorers Camp (6-12 years)

STAFF USE

All Forms Checked _____ Manager Reviewing _____
Participant Care Reviewed _____ Date Final Review _____
Medications Reviewed _____
Final Payments made (Initial next to section)

Camper Information			
Participant's Name: _____		Home Phone: _____	
Address: _____	City: _____	State: _____	ZIP: _____
Child's Birth Date: ____/____/____		Child's Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

Legal Guardian Information #1		Legal Guardian Information #2	
<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> 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: _____	
<p>In an emergency situation, every effort will be made to reach a legal guardian first. The emergency contact will only be called if a legal guardian cannot be reached in a reasonable period of time.</p>			
Emergency Contact Name: _____		Emergency Contact Phone #: _____	
Campers T-Shirt Size (Select ONE size only): Youth: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Adult: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/>			

REGULAR CAMP (9AM-4PM): Select the desired weeks from the table below. Before and After Care also available.							
Week	Dates Monday-Friday	Program # - Fee	Select	Before Care (7-9am)	Select	After Care (4-6pm)	Select
1	6/9-6/13	30501202-1A \$169/\$194	<input type="checkbox"/>	30501214-1A \$30	<input type="checkbox"/>	30501224-1A \$30	<input type="checkbox"/>
2	6/16-6/20* *No Camp 6/19	30501202-2A \$135/\$155	<input type="checkbox"/>	30501214-2A \$30	<input type="checkbox"/>	30501224-2A \$30	<input type="checkbox"/>
3	6/23-6/27	30501202-3A \$169/\$194	<input type="checkbox"/>	30501214-3A \$30	<input type="checkbox"/>	30501224-3A \$30	<input type="checkbox"/>
4	6/30-7/4* *No Camp 7/4	30501202-4A \$135/\$155	<input type="checkbox"/>	30501214-4A \$30	<input type="checkbox"/>	30501224-4A \$30	<input type="checkbox"/>
5	7/7-7/11	30501202-5A \$169/\$194	<input type="checkbox"/>	30501214-5A \$30	<input type="checkbox"/>	30501224-5A \$30	<input type="checkbox"/>
6	7/14-7/18	30501202-6A \$169/\$194	<input type="checkbox"/>	30501214-6A \$30	<input type="checkbox"/>	30501224-6A \$30	<input type="checkbox"/>
7	7/21-7/25	30501202-7A \$169/\$194	<input type="checkbox"/>	30501214-7A \$30	<input type="checkbox"/>	30501224-7A \$30	<input type="checkbox"/>
8	7/28-8/1	30501202-8A \$169/\$194	<input type="checkbox"/>	30501214-8A \$30	<input type="checkbox"/>	30501224-8A \$30	<input type="checkbox"/>

*Discounted Price due to days off.

WAUKEGAN PARK DISTRICT

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

Acknowledgement to Participate

- My child is between the age of 6 and 12 years of age at the time of registration. _____ (Initials)
- My child is toilet trained and can use facilities on their own. _____ (Initials)

Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Child Pick-up Authorization: *Print Participant Name* _____

Please list everyone authorized to pick-up your child from camp. **THIS INCLUDES LEGAL GUARDIANS!** 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: _____ Relationship to Child: _____ Phone Number: _____
Name: _____ Relationship to Child: _____ Phone Number: _____
Name: _____ Relationship to Child: _____ Phone Number: _____
Name: _____ Relationship to Child: _____ Phone Number: _____
Name: _____ Relationship to Child: _____ Phone Number: _____

Authorization To Participate

- I authorize this child to participate in the Waukegan Park District Summer Day Camp Program and any on-site and off-site activities that are included. A Park District van or bus company will be used for transportation. _____ (Initials)
- I agree to pay any payment balances and fees by the deadlines set forth in the Waukegan Park District (WPD) Camp Fees/Session Payment Schedule. I understand that failure to make payments on time or violations of any procedures set forth in the WPD Camp Fees/Session Payment Schedule can result in forfeit of my deposits and any reserved spaces in the WPD Summer Camps. Please ensure requirements are met for state funding before registration. _____ (Initials)
- In the event of an emergency, I authorize WPD 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 understand that the facility and program is not licensed or regulated by DCFS. Summer Camp is a license exempt school aged program that fully approved/complete with all DCFS license exempt standards. _____ (Initials)
- I have provided all **Participant Care & Consideration Section** information as required by the Waukegan Park District to ensure the best care of my child while attending camp. _____ (Initials)

Legal Guardian Signature: _____ Date: _____

Printed Name: _____

WAUKEGAN PARK DISTRICT

GENERAL MEDICAL INFORMATION FORM

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

My child **DOES NOT** take medicine during Camp hours. **(Initials)**

Yes **No** My child takes medication during non-Camp hours which should be reported to paramedics in the event of an emergency.

Medication:

What it's for:

My child **WILL** need to take medicine during Camp hours. **(Initials)**

Additional paperwork is required and can be obtained from program director, Julia Sanchez at jrsanchez@waukeganparks.org or (847) 360-4707.

PROGRAM: 2025

Participant's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Legal Guardian (First & Last Name): _____

Daytime Phone: _____ Other Phone: _____

Doctors Name: _____

Doctor's Phone Number: _____

(In the event of an emergency, calls will be made to those listed on the Emergency Contact Form until someone is contacted.)

It is helpful for us to know if your child has any medical condition(s) or anything else that might affect his/hers experience.

Please use the **Participant Care & Consideration Section** page to provide the information needed to assist staff.

(Continue to next page)

WAUKEGAN PARK DISTRICT

Participant Care & Consideration Section

Waukegan Park District is committed to meeting your unique, individual leisure needs. **It is the responsibility of the legal guardian or participant to request any Participant Care & Consideration needed for any conditions that affects 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 participant 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 Camp. Any requests made after the deadline may delay the start date of Camp, require the child to miss camp, or require a legal guardian or other personal aid appointed by the guardian to assist with the administration of care during Camp. If using a personal aid, depending on the exposure to other campers, a criminal background check may be required.
- Once requested, the legal guardian **MUST** have a conversation with a Recreation Specialist or another Management Staff prior to the start of Camp to confirm the requested Participant 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 combination of Park District staff.
- Please note that Park District staff are unable to make medical diagnoses and/or to perform invasive medical procedures.
- All personal or medical care requests will be evaluated by using the WPD established “Participant Care Guidelines” to carefully assess and address such requests for accommodation on a case-by-case basis before **agreeing** to provide the requested accommodation.
- 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 the legal guardian to train staff and/or to discuss plans to best accommodate the participant.

Please list below or attach a description of any participant care accommodations you are requesting to your registration form. This procedure will help ensure your enjoyment of our program. *If you have nothing to write here, please add N/A.*

Participant Name: _____

Program participating in: _____

- I am requesting participant care/accommodations
 I am **NOT** requesting participant care/accommodations **(Initials)**

WAUKEGAN PARK DISTRICT

Swimming Skills

Please note that campers will take part in swimming and water activities a minimum of 2 times a week as part of the camp. This can be at our Field House Pool, the Splash Zone at Rose Park, or an offsite swimming fieldtrip. Prior to being allowed in any pool depth of 3 feet or more without a lifejacket, your child must complete a swim test conducted by the lifeguards of the facility. Campers will be required to wear a life jacket; your child must complete a swim test conducted by the lifeguards of the facility. Campers will be required to wear a life jacket at camp swim times if they cannot pass this test, if they are considered a seizure prone swimmer, or if you request that they wear one.

A swim test may consist of:

1. Treading in water depth above their height for a minimum of 1 minute.
2. Fully submerge their head under the water for 5 seconds or more and return to the surface unassisted.
3. Swimming on their front or back for 25 yard without assistance of any kind without resting or stopping.
4. Floating for 15 seconds or more on their back without any assistance.

Please check the following to identify how you perceive your child's swimming abilities and comfort around water:

- I consider my child a swimmer and believe they can complete all of the 4 swimming skills listed.
 - I do not consider my child a swimmer who could pass the 4 swimming skills, but they are comfortable around water they can stand in a depth that allows their head above the water.
 - My child has anxiety around the water and is only comfortable in shallow water 3 feet and under.
 - Other information you feel we need to know:
-
-

The following is my preference regarding my child using a lifejacket:

- I do not want you to provide a swim test for my child. I prefer they wear a life jacket while swimming.
- I am comfortable with my child NOT wearing a life jacket if they pass the swim test.

WAUKEGAN PARK DISTRICT

General Camp Waiver

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 guardians of minors registering for Camp programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Camp activities, which include swimming and transportation, are 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. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision or instruction, and all other circumstances inherent to indoor and outdoor recreational activities exist. 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, becoming disoriented, striking other swimmers, 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 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 the program listed below, 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 these programs and transportation services, including vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle I recognize and acknowledge that the Waukegan Park District is neither a common carrier nor in the business of providing transportation services to the public. 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 these programs against the Waukegan Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Parties 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 said transportation services and camp activities.

I further agree that this agreement shall be governed by the laws of the State of Illinois.

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.

PLEASE PRINT

Participant's Name:

Guardian's Name:

Guardian's Signature: _____ Date: _____

PARTICIPATION WILL BE DENIED if the signature of guardian and date are not on this waiver.