



Teen Adventures Summer Day Camp

Camper's Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone (Dad) _____ (Mom) _____

Birth Date ____ / ____ / ____ Grade (as of September, 2019) _____ Age _____

Does your child have a medical condition that our camp staff should be aware of? YES NO

If so, please explain _____

Camper's are required to purchase a camp T-shirt to wear on field trips. \$8.00 per shirt

Shirt Size Y14/16 AS AM AL AXL

Camper's may register for one session. Additional siblings will receive 10% off each camp session.

Please put a check by the week(s) your child would like to attend camp.

Dates

Session 1: June 17-28

Session 2: July 8-19

Teen Camp Fees

\$320/NR \$325 per session

FRANKFORT PARK DISTRICT REGISTRATION FORM (Please Print)

Mail, Drop-Off or Fax :

Frankfort Park District
140 Oak Street
Frankfort, IL 60423
Phone: 815-469-9400
Fax: 815-469-9275

Family Last Name _____ Date _____

Street Address _____ Home Phone _____

City _____ Zip _____ Cell Phone _____

E-Mail Address _____ I want to receive program & Park District updates via email Yes No

The Frankfort Park District welcomes individuals with disabilities into its programs. Please check the box if you or a family member require special assistance and describe any accommodations needed _____

Participant Name	Program Name	Session	Birthdate Mo/Day/Yr	Grade	Sex: M/F	Fee

Please Indicate your choice of payment Check Cash Credit Card Total Enclosed \$ _____

Account Number - must complete when using Visa, MasterCard, or American Express

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Cardholder Name _____ Exp. Date _____ Charge Amount _____

Authorized Signature _____ Security Code _____

Must have signature to be processed

READ CAREFULLY

Please be aware that, in signing up and participating in Frankfort Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages of loss, which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I hereby grant authority to the Frankfort Park District and the teacher/instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Frankfort Park District, any and all participating cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons entities, or whatever nature, might be directly or indirectly liable for a n injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the Frankfort Park District and any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Frankfort Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connection with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to any from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warning of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

CANCELLATION AND REFUND POLICY: Refunds of 100% will be made, less a \$5.00 service charge, if notified at least 2 working days prior to the start of the program or if a doctor's note is provided for an injury or illness. The doctor's note and a completed refund form must be submitted to us within a week of the doctor visit. Refund checks take up to two weeks to be processed.

****There are no refunds given for Trips, One-Day Programs, or Special Events. All League deposits are non-refundable. There are NO refunds on Leagues once the teams/schedules are made.** A 50% refund will be given if notified prior to the second course meeting for reasons other than a doctor-verified illness or injury. All refunds must be done in person at the park district office. They cannot be completed over the phone or by fax. Full refunds are granted without penalty for: A refund that is initiated by the Park District (i.e. low enrollment/canceled class)

***With the exception of patrons who have registered on-line, the convenience fee is NON-refundable.**

NSF RETURNED CHECK POLICY: For any check returned to the Park District for non-sufficient funds, the issuer must pay with cash to cover the check, pay any bank charges and fees and pay a \$25 NSF surcharge to the Park District.

X Mandatory signature of participant, parent or legal guardian _____

Date _____



FRANKFORT
Park District
Teen Adventures
Summer Day Camp
Camper Information Sheet

CHILD'S NAME _____ GENDER _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE _____ HOME PHONE (____) _____ GRADE IN FALL 2019 _____

MOM'S CELL # _____ DAD'S CELL # _____

E-MAIL ADDRESS: _____

FATHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

Persons authorized to pick up your child (list parents' names & any car pools). Photo identification will be required. **Your child will not be allowed to leave the Day Camp with anyone not listed.**

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
1.	_____		
2.	_____		
3.	_____		

Persons to contact in case of emergency or illness. List people who are available to pick up your child, if necessary. Persons authorized to pick up your child are:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____			
2.	_____			
3.	_____			

O V E R

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? _____

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN A DAY CAMP PROGRAM?

Yes _____ No _____ Where _____

Is Your Child a strong Swimmer? Yes _____ No _____

Do you prefer that your child wears a life jacket on pool days? Yes _____ No _____

May your child have his/her picture taken while at Day Camp? Yes _____ No _____

Are your child's immunizations current? Yes _____ No _____

If no, please explain.

IS THERE ANY SPECIAL CONSIDERATIONS OR NEEDS THAT MAY COME UP AT CAMP, INCLUDING ALLERGIES AND MEDICATIONS TAKEN DURING CAMP?

All paperwork must be turned into our business office prior to starting camp!

***Founders Community Center
140 Oak Street
Frankfort, IL 60423
Phone # 815-469-9400
Fax # 815-469-9275***

Name _____

Age _____

CONSENT \ RELEASE FORM

List any medical information that would be necessary for us to know to ensure proper medical treatment.

Allergies _____

Medical Condition _____

Other _____

I hereby grant authority to the Frankfort Park District and the Day Camp Staff to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park district.

Signed _____ Date _____
(Parent / Guardian)



Consent/ Release Form

Child's Name _____

Photographs

I / we authorize photographs to be taken of my child to be used for publicity purposes.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____

Emergency First Aid

The only measures taken at the school are as follows:

Bump or Bruise _____ Splinter _____
Cut or Scratch _____ Nose Bleed _____

If further care is needed, we will notify a parent.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____

Field Trips

I/ We authorize the teachers of the Frankfort Park District to take my / our child on walking Trips, field trips and to nearby park facilities. A five-day notice will always be given for field trips.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____



Field Trip Permission

My child, _____ has my permission to be transported by the Lincoln Way Transportation School Bus System, for field trips. I also authorize the Frankfort Park District staff to leave the camp site with my child for the purpose of field trips outside the park to different water park locations and other excursions under staff supervision.

Parent Signature

Date

Swimming Information:

Your child will be participating in two pool days per week. Both Centennial Pool in Orland Park and White Water Canyon in Tinley Park require each child to take a swim test. Inexperienced swimmers will have to wear a bracelet at the pool so the lifeguards will take special notice to ensure safety. Life jackets are also available. Swimmers that wear life jackets have to stay in shallow water and they are not be allowed to go on waterslides.

Please indicate the following: *Keep in mind that all swimming activities are heavily supervised.*

My child is a strong swimmer. _____

My child can swim in deep water. _____

My child can jump off a diving board. _____

My child is comfortable on a water slide (height requirement). _____

My child cannot swim underwater. _____

Comments: _____



Teen Camp Permission Form

Permission for walking home alone or signing out myself at 3:30 pm dismissal:

Should you, as parents, feel your child is mature enough to cope with this responsibility would you please complete and return the information below, giving permission for your child to do so. *No child will be allowed to walk home or sign themselves out without prior consent from a parent or guardian.* I give permission for my child to walk home (or to another specified destination) on their own after Teen Camp.

I have explained to my child the safety aspects of walking home on their own.
I understand that it is the responsibility of parents, and not the Frankfort Park District, once my child has left the Frankfort Park District premises.

Child's Name: _____

Parent's Name: _____

Signed: _____

Specified location if other than home: _____



Teen Camp Walking Field Trip Permission Form

Permission for participating in walking field trips around the Frankfort Area:

The Frankfort Park District Teen Adventures Summer Camp has plans to take various walking field trips to different locations around our wonderful community, including Main Park, Indian Boundary Park, Prairie Park (fishing at the pond), Creamery, White Street Café, etc. ***No Child will be left unattended during these local excursions.*** I give permission for my child to walk at different locations around the Frankfort area with qualified staff during Teen Adventures Summer Day Camp.

Child's Name: _____

Parent's Name: _____

Signed: _____

I acknowledge that I have received a copy of the Parent Handbook outlining the policies of the Teen Adventures Summer Day Camp Program and it meets with my approval.

Signature _____

Date _____

Please sign this page and turn in with registration documents.

Thank you.

