

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 or 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 \$10.00 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 less than \$20 will be applied as a credit to the customer's account. 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).

NSF RETURNED PAYMENT POLICY: For any payment returned to the Park District for non-sufficient funds, the issuer will be charged \$25 to cover bank charges and fee surcharge to the Park District per transaction.

X Mandatory signature of participant, parent or legal guardian _____

Date _____



**Prairie Care Participant
Information Sheet**

CHILD'S NAME _____ GENDER _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE _____ HOME PHONE (____) _____ GRADE IN FALL 2022 _____

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 Prairie Care with anyone not listed unless special arrangements have been made by the parent or guardian.**

	<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 in an emergency 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? _____

DOES YOUR CHILD HAVE ANY DISABILITIES THAT STAFF SHOULD BE AWARE OF?

DOES YOUR CHILD HAVE A CLASSROOM AIDE DURING THEIR SCHOOL DAY? IF SO, FOR WHAT PURPOSE?

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN A BEFORE/AFTER SCHOOL PROGRAM?

Yes _____ No _____ Where _____

May your child have his/her picture taken while at Prairie Care? 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 PRAIRIE CARE, INCLUDING ALLERGIES AND MEDICATIONS TAKEN DURING PRAIRIE CARE?

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

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



FRANKFORT
Park District

MEDICAL CONSENT/RELEASE FORM

Child's Name: _____ Grade: _____

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 staff 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.

Signature Parent/Guardian

Date



FRANKFORT
Park District

Consent/ Release Form

Child's Name _____ Grade _____

Photographs

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

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Emergency First Aid

The only measures taken at the Prairie Care are as follows:

Bump or Bruise _____ Splinter _____

Cut or Scratch _____ Nose Bleed _____

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

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Field Trips

I/ We authorize the staff 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 of Parent/Guardian _____ Date _____

Relationship to child _____



Prairie Care Discipline Policy

The Frankfort Park District Prairie Care Staff would like your child to have the best experience possible while at Prairie Care this year. Thus, all participants must understand and follow the Prairie Care guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

1. **Listen to staff.**
2. **Respect Prairie Care staff and other camp participants.**
3. **Respect Prairie Care property and facility property.**
4. **Keep hands, feet, and other objects to yourself.**
5. **Participate in Prairie Care activities.**
6. **Use an inside voice when indoors.**
7. **Respect the bus and rules of the bus.**
8. **Follow staff instructions on field trip days.**
9. **Clean up after yourself.**
10. **Be positive and have fun!**

Should a participant choose not to follow any of these rules, these are the guidelines that the staff will follow to handle the situation:

Step 1: Verbal Warning.

Step 2: Time out or time away from group.

Step 3: Behavior Warning report sent home.

Step 4: Conference with Parent.

Step 5: Meeting with the Supervisor, necessary staff, parent(s), and child.

At this time, suspension or expulsion will be discussed.

- In the event that a Prairie Care participant engages in behavior which poses a threat of bodily harm to himself, others, or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.
- Situations that will result in an automatic Behavior Warning report are: stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.

Please review these rules with your child. The staff will review these rules with your child at the beginning of Prairie Care. Thank you in advance for your cooperation, and we hope to have a great school year!

I have reviewed the discipline policy with my child.

Parents Signature: _____ Child's Signature: _____

Date: _____



**Frankfort Park District
Prairie Care Technology Contract**

Technology Day is scheduled on **Thursdays** at Prairie Care. The Frankfort Park District Prairie Care staff would like your child to have an enjoyable and safe experience on this special day. Thus, all participants must understand and follow the Prairie Care guidelines and rules for technology use. These guidelines and expectations are in place to ensure the safety of your child and other participants in the program. Please review the following rules regarding technology use at Prairie Care.

- All devices that are brought to Prairie Care should have cellular data turned off.
- Access to the internet is not allowed (The school district Wi-Fi is password protected and will not be accessible to participants).
- Age appropriate **E rated** games only are allowed to be played at Prairie Care. **No videos or music.**
- Texting, taking photos or Snapchat will **NOT** be allowed.
- Children are responsible for keeping track of their own devices. Staff is not responsible for lost, stolen or damaged items.
- Parents are responsible for checking the devices, to ensure their child's devices are set up properly in regard to the above guidelines.

If participants are caught violating the rules for technology use at Prairie Care, their devices will be taken away until parents arrive for pick up. Should a participant choose not to follow any of these guidelines, they will not be able to participate in Technology Day for the rest of the school year.

I have reviewed the Technology contract with my child and understand that if the rules regarding the use of technology devices are not followed as stated above, my child will not be able to participate for the rest of the year.

The parent and child must have the form signed in order to participate on Technology Day.

Date: _____

Child's Name _____ Child's Signature _____

Parent's Name _____ Parent's Signature _____



Prairie Care Handbook Acknowledgement

I acknowledge that I have received a copy of the Parent Handbook outlining the policies of the Prairie Care Program and it meets with my approval.

Signature

Date