



CIT 2018 • Butterfield Park District

CIT Program Fee is a one time fee for the entire summer.

Camper's Name: _____ Male Female

Address: _____ Town/Zip: _____

Phone #1: _____ Phone #2: _____

Birthdate: _____ Age: _____ Grade Entering in Fall: _____ Resident Non-Resident

Parent's Name: _____

E-Mail Address: _____

Please circle the days for which you are registering your child per week and include the total fees.

WEEK	DATES	DAYS DUE	Circle Attendance Days	STAFF INITIALS
1	May 29-June 1 *No Camp May 28	May 24	T W T H F	
	Extended Care	May 24	T W T H F	
2	June 4-8	May 31	M T W T H F	
	Extended Care	May 31	M T W T H F	
3	June 11-15	June 7	M T W T H F	
	Extended Care	June 7	M T W T H F	
4	June 18-22	June 14	M T W T H F	
	Extended Care	June 14	M T W T H F	
5	June 25-29	June 21	M T W T H F	
	Extended Care	June 21	M T W T H F	
6	July 2-6 *No Camp July 4	June 28	M T T H F	
	Extended Care	June 28	M T T H F	
7	July 9-13	July 5	M T W T H F	
	Extended Care	July 5	M T W T H F	
8	July 16-20	July 12	M T W T H F	
	Extended Care	July 12	M T W T H F	
9	July 23-27	July 19	M T W T H F	
	Extended Care	July 19	M T W T H F	
10	July 30-August 3	July 26	M T W T H F	
	Extended Care	July 26	M T W T H F	
11	August 6-8	August 2	M T W	
	Extended Care	August 2	M T W	

CIT Registration Fee
\$275

Butterfield Park District Waiver and Release

IMPORTANT INFORMATION

Participants and parents/guardians of minors registering for the above listed 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 are physically fit and/or skilled for the activities contemplated by this agreement.

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 Butterfield Park District 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 these programs/activities against the Butterfield Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Butterfield Park District).

I do hereby fully release and forever discharge the Butterfield Park 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.

_____ Full Name Printed

_____ Signature

_____ Date

BUTTERFIELD PARK DISTRICT EMERGENCY FORM

Teen Camp

21 W 730 Butterfield Road
Lombard, IL 60148
Office #: 630-858-2229
Fax#: 630-858-2234
www.butterfieldpd.com

TODAY'S DATE _____

CHILD'S NAME _____

ADDRESS _____

PHONE _____ AGE _____ BIRTHDATE _____ GRADE (ENTERING IN FALL) _____

PARENT/ LEGAL GUARDIAN _____ PHONE NUMBER _____

WORK NUMBER _____

CELL NUMBER _____

SECOND PARENT/ LEGAL GUARDIAN _____ EMAIL ADDRESS _____
PHONE NUMBER _____

WORK NUMBER _____

CELL NUMBER _____

EMAIL ADDRESS _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

LIST SPECIAL HEALTH PROBLEMS, WHICH THE INSTRUCTOR SHOULD BE AWARE OF, SUCH AS PHYSICAL LIMITATIONS, ALLERGIES, ETC.

SPECIAL INSTRUCTIONS _____

PERSONS IN COMMUNITY TO NOTIFY IN CASE OF EMERGENCY OR ILLNESS OTHER THAN PARENTS:

NAME _____ PHONE _____

NAME _____ PHONE _____

My child _____ will be discharged to the following:

NAMES AND PHONE NUMBERS OF PERSONS WHO MAY PICK UP CHILD OTHER THAN PARENT/LEGAL GUARDIAN

1. _____

2. _____

3. _____

4. _____

I give Butterfield Park District Staff permission to release _____

(Child's Name)

All above listed individuals (including parents or legal guardians) must provide upon request a photo I.D. during the time of sign in/out.

(Parent/Legal Guardian Signature)

(Date)



AUTO DEBIT FORM

Cardholder's Name: _____

Credit Card #: _____

Exp Date: _____ V-Code: _____

Address/City/Zip: _____

Participants name for which auto debit will be used: _____

Program Auto/Debit Card is authorized for:

All Butterfield Park District Programs Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

Program Name: _____ Authorized By: _____ Entered into System on: _____

I (we) hereby authorize Butterfield Park District, to initiate entries to my (our) Credit Card Checking Account

(select one) indicated above on the due dates for which is agreed upon per program registration. This authorization is to remain in full force and effective until Butterfield Park District has received written notification from me, and/or the expiration of program registration services. **Please notify Butterfield Park District with new expiration dates/changes to accounts, etc. Please verify your accounts to make sure payments are being debited and the payment amount is correct.**

Signature: _____