



CAMP SUPER TOT 2017

Camper's Name: _____ Male Female Birthdate: _____
 Age: _____ Parent's Name: _____ Resident Non-Resident
 Address: _____ Town/Zip: _____
 Phone # 1: _____ Phone # 2: _____
 E-Mail Address: _____

**Please remember you are only registered for the weeks paid.
 Please indicate which session you are registering for in the corresponding box.**

SESSION I
 June 6-15
Under the Big Top

Extended Care
 12:00-2:00 pm

SESSION II
 June 20-29
Planes, Trains & Automobiles

Extended Care
 12:00-2:00 pm

SESSION III
 July 11-20
The Great Outdoors

Extended Care
 12:00-2:00 pm

SESSION IV
 July 25– August 3
Animal Planet

Extended Care
 12:00-2:00 pm

SESSION V
 August 8-17
Disney Days

Extended Care
 12:00-2:00 pm

Camp Super Tot:
\$125/session
Ages 3-6 T, W, Th
9:00 a.m. to Noon
10-20 min/max
Extended Care:
\$70/session
Total Due: \$ _____

Tuesdays-YogaKids Wednesday-Pool Time Thursday- PeeWee Sports

**Extended Care Includes:
 Tuesdays-Kiddie Kreations Wednesday-Rockin' Tots Thursday- Itsy Bitsy Bugs**

If participant has special needs, please let us know by attaching a separate sheet to this form.

Camp Super Tot Fridays on the back!

Please read and sign other side ▶



CAMP SUPER TOT FRIDAYS 2017

Camper's Name: _____ Male Female Birthdate: _____
 Age: _____ Parent's Name: _____ Resident Non-Resident
 Address: _____ Town/Zip: _____
 Phone # 1: _____ Phone # 2: _____
 E-Mail Address: _____

If participant has special needs, please let us know by attaching a separate sheet to this form.

Please remember you are only registered for the weeks paid.

Date	Time	Theme	Fees	Extended Care 12:00-2:00 pm \$15	STAFF INITIALS Date Paid
6/9/17	9:00 am-12:00 pm	Under the Big Top	\$30 or \$25 w/ Camp Super Tot Registration		
6/16/17	9:00 am-12:00 pm	Under the Big Top	\$30 or \$25 w/ Camp Super Tot Registration		
6/23/17	9:00 am-12:00 pm	Planes, Trains & Automobiles	\$30 or \$25 w/ Camp Super Tot Registration		
6/30/17	9:00 am-12:00 pm	Planes, Trains & Automobiles	\$30 or \$25 w/ Camp Super Tot Registration		
7/14/17	9:00 am-12:00 pm	The Great Outdoors	\$30 or \$25 w/ Camp Super Tot Registration		
7/21/17	9:00 am-12:00 pm	The Great Outdoors	\$30 or \$25 w/ Camp Super Tot Registration		
7/28/17	9:00 am-12:00 pm	Animal Planet	\$30 or \$25 w/ Camp Super Tot Registration		
8/4/17	9:00 am-12:00 pm	Animal Planet	\$30 or \$25 w/ Camp Super Tot Registration		
8/11/17	9:00 am-12:00 pm	Disney Days	\$30 or \$25 w/ Camp Super Tot Registration		
8/18/17	9:00 am-12:00 pm	Disney Days	\$30 or \$25 w/ Camp Super Tot Registration		

Please indicate which session you are registering for in the corresponding box.

Every Friday includes a Swim Lesson from 11:15 to 11:45 am. Please send your child with a swim suit & towel. Pick up is on the pool deck.

CASH CHECK VISA MASTERCARD
 CARD # _____
 EXP DATE _____
 V-Code: _____
 SIGNATURE _____

Extended Care Includes:
 June 9, 16, 34, 30
 Bubbleology
 July 14, 21, 28 & Aug. 4
 Finger Frenzy

Please read and sign other side ▶

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.

The Butterfield Park District will NOT assume responsibility for accidents or injuries incurred at any program or on park property. It is recommended you review your personal insurance policies for coverage during leisure activities.

As parent and/or guardian, I do herewith authorize treatment by qualified and licensed medical doctor for my son/daughter in the event of a medical emergency, which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a responsible effort has been made to reach me.

(Parent/Guardian Initials)

GENERAL PERMISSION SLIP

I hereby waive for my child and myself the right to assert any claims arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation program, sport or activity. I acknowledge that participation in the sport or activities authorized comes with certain risks and are hereby assumed. I relinquish any right, which my child or I might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

(Parent/Guardian Initials)

AUTHORIZATION FOR MEDICAL TREATMENT

- 1. I, the undersigned, hereby agree to allow the individual(s) named hereon to participate in Butterfield Park District activities.
- 2. I certify that to the best of my knowledge, the participant(s) named here on is/are physically fit and able to engage in Recreation Services Division activities.
- 3. In case of emergency, I give my permission for emergency medical treatment.
- 4. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant.
- 5. My signature acknowledges that I understand and agree to the above conditions.

PHOTO RELEASE PERMISSION

We will be taking pictures of children frequently for on going projects. With your initials here, you agree to allow publication of any photos taken at any program, event, or facility for the Butterfield Park District

Do we have permission to photograph your child? (Please circle response) YES NO

(Parent/Legal Guardian Signature)

(Parent/Legal Guardian Print Name) (Date)

.....

Signature

Full Name Printed

Date

My relationship to participant(s)



BUTTERFIELD PARK DISTRICT EMERGENCY FORM

TODAY'S DATE _____

CHILD'S NAME _____

ADDRESS _____

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

PARENT/ LEGAL GUARDIAN _____ PHONE NUMBER _____

WORK NUMBER _____

CELL NUMBER _____

EMAIL ADDRESS _____

SECOND PARENT/ LEGAL GUARDIAN _____ 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)