



K-2 SUMMER CAMP Butterfield Park District 2017

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 remember you are only registered for the weeks paid.

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

WEEK	DATES	FEES DUE	Mark Attendance Days	TOTAL	STAFF INITIALS Date Paid
1	June 5-9	June 1	M T W Th F		
	Extended Care	June 1	M T W Th F		
2	June 12-16	June 8	M T W Th F		
	Extended Care	June 8	M T W Th F		
3	June 19-23	June 15	M T W Th F		
	Extended Care	June 15	M T W Th F		
4	June 26-30	June 22	M T W Th F		
	Extended Care	June 22	M T W Th F		
5	July 3-7	June 29	M W Th F		
	Extended Care	June 29	M TW Th F		
6	July 10-14	July 6	M T W Th F		
	Extended Care	July 6	M T W Th F		
7	July 17-21	July 13	M T W Th F		
	Extended Care	July 13	M T W Th F		
8	July 24-28	July 20	M T W Th F		
	Extended Care	July 20	M T W Th F		
9	July 31-Aug 4	July 27	M T W Th F		
	Extended Care	July 27	M T W Th F		
10	Aug 7-11	Aug 3	M T W Th F		
	Extended Care	Aug 3	M T W Th F		

2-Day Fee	3-Day Fee	4-Day Fee	5-Day Fee
\$75	\$95	\$121	\$150
Extended Care	Extended Care	Extended Care	Extended Care
\$28	\$38	\$48	\$58

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.

ALL	Administration Fee (1 Time Only Non-refundable)	\$65
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Full Name Printed

Signature

Date

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 hereon 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.

GENERAL WALKING PERMISSION

My child has permission to take short walks off site property with the Butterfield Park District Day Camp staff as part of their activities. The walks will stay within the immediate area of the Park District boundaries. This permission is given for the entire Day Camp program. Further information regarding locations of walks will follow.

FIELD TRIP PERMISSION

My child has permission to participate in field trips as arranged and supervised by the Park District Day Camp staff. In consideration for the right to participate in this activity, I hereby release the Butterfield Park District and Day Camp programs from any claim for liability or any cause of action with the exception of gross negligence and intentional tort arising from my child's use of and participation in. The staff will notify parents in advance of any field trips
I have read, understand, and initialed all the above information.

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)

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At our program, we will occasionally give children the option of watching a video. We need to know what you would find acceptable for your child to watch. Please place an X in the statement below, which you would prefer for your child.

___ YES my child is able to watch PG Rated movies ___ NO my child is not able to watch PG Rated Movies

Swimming

My child is able to swim (please circle one) Well Fair Poor

Parent Signature

Date

SPECIAL INSTRUCTIONS: _____

BUTTERFIELD PARK DISTRICT EMERGENCY FORM

<h1 style="margin: 0;">Camp K-2</h1> <p style="font-size: small; margin: 0;">21 W 730 Butterfield Road Lombard, IL 60148 Office #: 630-858-2229 Fax#: 630-858-2234 www.butterfieldpd.com</p>
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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)



SUMMER CAMP AUTO DEBIT FORM

Cardholder's Name: _____

Credit Card #: _____

Exp Date: _____ V-Code: _____

Electronic Debit: Routing Number: _____ Checking Account Number: _____

Address/City/Zip: _____

Participants name for which auto debit will be used: _____

Late Registration - When registering for a week of camp past the enrollment date, a charge of \$160.00/ week plus extended(if needed) will be charged.

"Adding Days" - If a day of camp is added during the week an additional \$35 fee will be charged. This Does Not include Wednesday Field Trip days.

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: _____

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.**