



CIT-Camp Super Tot 2022

Early Childhood
2-6 year old
campers

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: _____

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

Please circle the days the CIT is available.

Session	DATES	X the attendance weeks	Circle the attendance days	STAFF INITIALS
1	May 31-June 10		T W TH F	
	Extended Care		T W TH	
2	June 14- June 24		T W TH F	
	Extended Care		T W TH	
3	June 28-July 8		T W TH F	
	Extended Care		T W TH	
4	July 12-July 22		T W TH F	
	Extended Care		T W TH	
5	July 26-August 4		T W TH F	
	Extended Care		T W TH	
6	August 9-August 12		T W TH F	

CIT Registration Fee

\$145.00-One time fee

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.

Camp Super Tot
9:00– 12:00
T W TH F
Extended Care
12:00– 2:00pm
T W TH

_____ 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 heron 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.

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.

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.

Swimming

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

Parent Signature

Date

SPECIAL INSTRUCTIONS: _____

BUTTERFIELD PARK DISTRICT EMERGENCY FORM

Camp Super TOT CIT

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)



Cardholder's Name: _____

Credit Card #: _____

Exp Date: _____ V-Code: _____

Address/City/Zip: _____

- Checks should be made payable to Butterfield Park District.
- If you prefer to pay by credit card, please note your receipt will show an Active Net processing fee of approximately 3.5%. The fee has been initiated by Active Net and Butterfield Park District does not receive any of these funds. We will continue to absorb the transaction fee initiated by using your credit card. Payment by check or cash will not incur the processing fee.

Please circle your payment method

Visa Mastercard Cash Check

Card number _____

Expiration Date _____

Security Code _____

Signature _____