



# Rec Kids Schools Out Adventure Camp

Please remember you are only registered for the weeks paid.

We recommend registering early. Field trips fill up fast. Spots not guaranteed.

Camper's Name: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade : \_\_\_\_\_ Resident  Non-Resident

Parent's Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*\*Please remember to circle extended care if needed. (7:00am-8:30am and 3:30pm-6:00pm)*  
*\*\$10.00 Additional Fee for Same Day Registration*

Date	District 44 Reason	Camp	Fees	STAFF INITIALS Date Paid
1/20/20	Martin Luther King Day	Full Day	\$36 / \$16	
1/31/20	Early Release Day	Half Day	\$25	
2/14/20	School Improvement Day	Half Day	\$30	
2/17/20	President's Day	Full Day	\$36 / \$16	
2/27/20	Early Release Day	Half Day	\$25	
2/28/20	Institute Day	Full Day	\$36 / \$16	
3/27/20	Early Release Day	Half Day	\$25	
3/30/20	Spring Break	Full Day	\$36 / \$16	
3/31/20	Spring Break	Full Day	\$36 / \$16	
4/1/20	Spring Break	Full Day	\$36 / \$16	
4/2/20	Spring Break	Full Day	\$36 / \$16	
4/3/20	Spring Break	Full Day	\$36 / \$16	
4/13/20	Non-Attendance Day	Full Day	\$36 / \$16	
5/1/20	Early Release Day	Full Day	\$36 / \$16	

**\*\*Schedules and field trips are subject to change\*\***





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.

**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)**



**Swimming**

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

Does your child need a swim buddy?                      Yes                      No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ONLY COMPLETE IF THE PARTICIPANT IS NOT ENROLLED IN REC KIDS

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

### 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 \_\_\_\_\_

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: \_\_\_\_\_

Electronic Debit: Routing Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Participants name for which auto debit will be used: \_\_\_\_\_

Please be advised that a \$10.00 charge will be added to your fee for same day registrations.

Intials \_\_\_\_\_

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: \_\_\_\_\_