



CAMP TINY TOT 2023

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

**All session fees are due in full at the time of enrollment.
 Please indicate which session you are registering for in the box.**

SESSION 1
 Crafty Kids
 May 23-June 1

SESSION 2
 Nutty For Nature
 June 6-June 15

SESSION 3
 Oceans of Fun
 June 20-June 29

SESSION 4
 No Place Like
 Space
 July 11-July 20

SESSION 5
 Dinosaurs Galore
 July 25-August 3

SESSION 6
 Playdough Playtime
 August 8-August 10

**Camp Tiny Tot meets Tuesdays and Thursdays from 9:00-10:00
 Sessions 1-5 are \$60 per session. Session 6 is \$30.
 All session fees and the \$25 non-refundable administration fee are due at
 the time of enrollment.**

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 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.

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

**Cancellations received 7 days before the first day of a session, will receive a refund via the original payment method, less the \$25 non-refundable administration fee.
 Cancellations received less than 7 days before the first day of a session, will receive a credit, less the \$25 non-refundable administration fee, to be used for future Butterfield Park District Early Childhood programs (some restrictions apply). Contact christina@butterfieldpd.com with questions.**

 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_____

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)