



# CIT-Camp Super Tot 2023

Early Childhood  
2-6 year old  
campers

Camper's Name: \_\_\_\_\_

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 23-June 1		T W T H F	
	Extended Care		T W T H	
2	June 6-June 15		T W T H F	
	Extended Care		T W T H	
3	June 20-June 29		T W T H F	
	Extended Care		T W T H	
4	July 11-July 20		T W T H F	
	Extended Care		T W T H	
5	July 25-August 3		T W T H F	
	Extended Care		T W T H	
6	August 8-August 10		T W T H 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 T H F**  
**Extended Care**  
**12:00– 2:00pm**  
**T W T H**

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 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.

**Swimming**

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

We will be using the zero depth pool on Wednesdays. CIT's are encouraged to join the campers in the pool.

\_\_\_\_\_  
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 \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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)



- 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 exact cash will not incur the processing fee.

**Please circle your payment method**

**Visa                      Mastercard                      Cash                      Check**

**Card number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Security Code** \_\_\_\_\_

**Signature** \_\_\_\_\_