

# FUN IN THE SUN 1/2 Day CAMP Butterfield Park District 2024

## Grades K-2 ONLY



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

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

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

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

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

**Please remember you are only registered for the weeks paid.**

WEEK	DATES	TIME	PAYMENT DUE	FEE	STAFF INITIALS Date Paid
1	June 3rd-7th	8:30am - 12:00pm	May 27th	\$140	
2	June 10th-14th	8:30am - 12:00pm	June 3rd	\$140	
3	June 17th-21st *No Camp June 19th	8:30am - 12:00pm	June 10th	\$115	
4	June 24th-28th	8:30am - 12:00pm	June 17th	\$140	
5	July 1st-3rd *No Camp July 4th&5th	8:30am - 12:00pm	June 24th	\$85	
6	July 8th-12th	8:30am - 12:00pm	July 1st	\$140	
7	July 15th-19th	8:30am - 12:00pm	July 8th	\$140	
8	July 22nd-26th	8:30am - 12:00pm	July 10	\$140	
9	July 29th-August 2nd	8:30am-12:00pm	July 22nd	\$140	
10	August 5th-9th	8:30am-12:00pm	July 29th	\$140	

*Please circle the weeks and fees for which you are registering your child.*

**BUTTERFIELD PARK DISTRICT**  
21w730 Butterfield Rd  
Lombard, IL 60148  
630-858-2229  
FAX 630-858-2234  
www.butterfieldpd.com

### 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.

<b>ALL</b>	<b>Administration Fee (One time Non-refundable)</b>	<b>\$50</b>	
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I have read and understand the waiver and release on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STAFF: _____	DATE: _____
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\_\_\_\_\_  
Full Name Printed

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**

By registering for any Park District program, I agree to allow publication of any photos taken at any program, event, or facility of the Butterfield Park District.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature will substitute for and have the same legal effect as an original form signature.

\_\_\_\_\_  
**(Parent/Guardian Initials)**

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**Swimming– Your child will be swimming on Thursday mornings with Full day camp. Please make sure they bring all swim attire for this day.**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**(Parent/Legal Guardian Signature)**

\_\_\_\_\_  
**(Parent/Legal Guardian Print Name) (Date)**

.....

**BUTTERFIELD PARK DISTRICT EMERGENCY FORM**

**FUN IN THE SUN CAMP**

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 SITE DIRECTOR 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

**Administrative Offices**

21W730 Butterfield Road Lombard IL 60148  
630.858.2229 www.butterfieldpd.com Fax 630.858.2234

Cardholder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

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

**I will be paying by check instead of credit card the Monday before each week by noon**

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: \_\_\_\_\_

I (we) hereby authorize Butterfield Park District, to initiate entries to my (our)  Credit Card 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.**

**Your receipt will reflect about a 3.5% Active Net processing fee. The fee has been initiated by Active Net and the Butterfield Park District does not receive any of these funds. We will continue to absorb the transaction fee associated with your registration. Payment by cash or check will not incur the processing fee.**

Signature: \_\_\_\_\_