



Playground Pals Camp Information Sheet

Please fill out an emergency form at the time of registration. This sheet is important for emergency numbers and medical information. If you have any questions, please call (847) 255 – 1200.

LOCATION

Willow Trails Park
1 Apple Dr (corner of Apple Dr & Burning Bush)
Prospect Heights

DATES/DAYS/TIMES

Tuesday, Wednesday, Thursday
June 22-July 29, 2010
1:00– 3:00 p.m.

ON SITE REGISTRATION

For your convenience staff will be at Willow Trails Park on June 16 & 17 from 12:30-2:30 p.m. to hand out and accept registration forms.

FIRST DAY/ EVERY DAY

Playground Pals – All campers should meet under the Gazebo at the park. Your counselors and Site Supervisor will be there. All registration forms must be handed in and complete before your camper is allowed to stay at camp.

RAIN

If it rains before or during camp **CAMP will be CANCELLED**. If your camper is picked up, please make arrangements for this and have your camper picked up as soon as possible. Sometimes even if it rains heavy the night before – conditions may still be bad and camp will not be held. The Site Supervisor will go out to the park prior to the start of the program and make a determination if camp will be held. If you have questions call the Weiss Community Center at 847-255-1200.

ACTIVITIES

The camp staff will plan a variety of activities consisting of arts & crafts, cooperative games, sports, and field trips. The staff will learn what the campers like to do and try to offer some of their favorite activities. It is our goal to have a safe, fun and festive day camp program.

BICYCLES

Campers that ride bikes must put them in an area as directed by the Site Supervisor. There is **No BIKE or SCOOTER RIDING** allowed during camp hours. The River Trails Park District is not responsible for lost or stolen bicycles.

FIELD TRIPS

There will be several field trips during the session. A permission slip listing all the trips will be sent home the first week of camp. The form must be signed and returned before child will be allowed to attend. Children will be given a camp T-shirt and must wear on trips.

OPEN SWIM

Campers will swim on several afternoons. Camper must wear a regular bathing suit. Have camper wear under their clothes and bring a towel and spray sunscreen on swim days. Please teach your camper to apply his/her own sunscreen or to wear a clean white T-shirt while swimming to avoid sunburn. Staff can not apply sunscreen. We suggest the camper brings a quarter (25 cents) for a locker and money for the concession stand or vending machines, if they wish.

SUNSCREEN

Camp staff is not allowed to apply sunscreen on campers so it is suggested that parents use/send spray on sunscreen and teach your camper to use it. Staff can help with spray if needed

CELL PHONES

Campers may not use cell phones during the camp day. If parent wants their camper to bring a cell phone to camp it must be turned off during the camp day. If they need to contact you, they may ask their counselor or the Site Supervisor. Cell phone use is disruptive to the camp activities.

SAVE THE EARTH

Each camper should bring a plastic cup or water bottle everyday. Please write your camper's name on the water bottle/cup with a permanent marker.

LOST AND FOUND

Please put your child's name on everything coming to camp. The Site Supervisor will keep any articles left at the campsite. Please do not wear or bring anything to camp that is valuable (including jewelry, electronic games, MP3, etc). *The River Trails Park District is not responsible for lost, stolen or damaged items.*

WHAT TO BRING TO CAMP

Your child should bring a **backpack** to camp each day with the following items:

*water bottle *spray sunscreen *swimwear and towel on Swim days

CAMP REGISTRATION FORM

River Trails Park District
1500 E. Euclid Avenue
Mt. Prospect, IL 60056

***PLEASE USE ONE FORM PER CHILD**

phone 847-255-1200
fax 847- 255-1285
www.rtpd.org

Date _____ E-mail address (please print clearly) _____

Child's Last Name _____ First Name _____ Sex: M F

Birth date ___/___/___ Age _____ Grade (Fall '10) _____ School _____

Parent/Guardian's Last Name (if different) _____ Alternate Phone _____

Address _____ City _____ Zip _____ Home Phone _____

River Trails P. D. Resident Prospect Hts. P. D. Resident Mt. Prospect P. D. Resident Non-Resident

	Code #	Fee
<i>Session 1</i>		
Camp name – Playground Pals	# 15208	FREE
<i>Session 1</i>	<i>Total</i>	\$ 0

The River Trails Park District welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s). _____

WAIVER & RELEASE

Important Information

The River Trails Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The River Trails Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the 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 physical fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the River Trails Park District to guarantee absolute safety.

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 listed 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 this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the listed 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 this program/activity against the River Trails Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "River Trails Park District"). I do hereby fully release and forever discharge the River Trails 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 the listed programs/activities. 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 on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

ALL PARTICIPANTS MUST SIGN		
If participant is under 18 years old, parent must sign for them		
SIGNATURE	PRINTED NAME	DATE
_____	_____	_____

River Trails Park District
255-1200

1500 E. Euclid Avenue
Mt. Prospect, IL 60056

www.rtpd.org

EMERGENCY TREATMENT RELEASE

My Minor Child is:

Last name _____ **First name** _____ **Date of Birth** _____

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agent or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Date _____

Signature of Parent/Guardian _____

Please print name _____

EMERGENCY CONTACTS

Name _____ **Phone: (H)** _____ **(W)** _____

Name _____ **Phone: (H)** _____ **(W)** _____

Name _____ **Phone: (H)** _____ **(W)** _____

A Special Note

Regarding Personal Information about Your Child

Some parents hesitate to provide child care providers with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. All parents want to see their child have a fresh start in a new program, unencumbered by past performance.

As seasoned program providers, (who are ourselves parents), we appreciate these concerns. We also know how *invaluable* such information can be in assisting us to help your child make as smooth and happy adjustment to our program as possible—something we know all parents want, too! Remember, we only have 8 weeks to get it right! We need your help!

Having prior knowledge about learning difficulty, ADHD, or a recent loss or major change in the family or child's life makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding and reassurance—especially in the first few days of our program!

This is especially true for children who have an attention problem or who are nervous about new situations. Many parents fear some programs will not accept their child if they are completely open. The truth is that, *children need us to be partners with you in order for them to have a safe and successful experience.*

Furthermore, children often use their behavior rather than their words to tell us something is bothering them. Having advance knowledge of areas that might be difficult for your child helps us understand the message in his or her actions. The better we understand your child, the more we can assure you of a better experience.

Our commitment is to use such information only to help your child adjust to our program. It will never be used unless necessary, and then only with the greatest of discretion and your prior knowledge.

Remember, when faced with challenges, we can help your child have great success if you help us. We encourage you to make us a full partner in planning for your child's success.

BEHAVIORAL STANDARDS CONTRACT

The following standards have been adopted by the River Trails Park District to be used uniformly as a guideline for disciplining any child enrolled in our Day Camp programs:

GENERAL INAPPROPRIATE/UNACCEPTABLE BEHAVIORS:

1. Abusive language
2. Disrespectful behavior towards staff and/or fellow participants.
3. Continuous disruptive behavior
4. Any aggressive behavior (slapping, punching, kicking, biting, etc.), whether it is initiated or in retaliation.

FIRST WARNING:

The first time any inappropriate/unacceptable behavior occurs, the parent will be notified by phone (or written letter if parent is not reachable). Documentation of this behavior will be kept on file at the park district. If that behavior occurs again within the same day, the parents will be called to come and remove the child from the program for the remainder of the day. **

SECOND WARNING:

If a child continues to display inappropriate/unacceptable behavior after a first warning has been given, the child will receive a written letter of second warning. This letter will state the child's inappropriate/unacceptable behavior and notify the parent(s) that one more incident of such behavior could lead to the child's last warning and possible removal from the program. This letter must be signed by a parent and returned. One copy will remain at the park district and one copy will be given to the parent. **

REMOVAL FROM THE PROGRAM

After the first and second warnings have been issued and an inappropriate behavior is displayed, a parent will be contacted by phone. A written notice that the child will be removed from the program for a certain period of time or permanently. (depending on the severity of the behavior). **

**In an extreme case of unacceptable behavior that is threatening to other participants or staff, the first two warnings can be omitted and the child will be removed from the program immediately with the final warning. **

Please Print

Child's Last Name: _____ **First Name:** _____

Camp _____ **Session:** 1 2 3 **Trails End**

I have read, understand, and accept the above Behavioral Standards Contract and procedures. I will also go over these Behavioral Standards with my child.

Parent/Guardian Signature

Date: _____