

# River Trails Park District

Weiss Community Center  
847-255-1200

1500 E. Euclid Avenue  
Mt. Prospect, IL 60056



## *Trails Sports Camp Information Sheet*

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

### LOCATION

Camp days will begin and end at Woodland Trails Park, 1500 E. Euclid Ave., Mt. Prospect.

### TIMES

7:00 – 8:30 a.m.	Before Camp Care*
8:00 – 8:30 a.m.	Camp Swim Lessons*
<b>8:30 a.m. – 3:00 p.m.</b>	<b>Trails Sports Camp</b>
3:00 – 5:45 p.m.	After Camp Care*

\*Additional: Register for Camp Swim Lessons and Before & After Camp Care separately. Additional fee applies.

### FIRST DAY

**Trails Sports Camp** – Please walk your campers into the Weiss Center to find their group. Staff will meet campers in the gym. Please look for your child’s name on the posters displayed around the gym. Pick up after camp will be outside.(see below)

### EVERY DAY

**Trails Sports Camp** – Please drop camper off at Woodland Trails Park. Campers will meet their counselors at the handball courts on the west side of the Weiss Center at 8:30 a.m. If it’s raining campers will meet in the gym. Pick up is at 3:00 p.m. in the area between the Weiss Center and the maintenance garage. Your camper must be picked up by an adult. If your camper is not picked up by 3:15 p.m., staff will take your child to After Camp Care and you will be charged \$1.00 per minute after 3:15 p.m. that your child is in the program.

### ACTIVITIES

The camp staff will plan a variety of sport related activities consisting of sport skills and techniques, along with cooperative games, swimming and more. 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.

### LOST AND FOUND

A lost and found box will be kept at the campsite. Items not claimed by the end of the summer will be donated. Please do not send your camper with expensive items or clothing including jewelry, game boys, CD players, iPods, cell phones, etc. **The River Trails Park District is not responsible for lost or stolen items.** \*\*Please put your child’s name on everything coming to camp. \*\*

## ATTENDANCE

If your camper will arrive late to camp, leave early or anything different from our schedule, please send a note with your camper for their counselor. If your camper leaves early, staff will bring camper to Weiss Center front office to meet you. If camper arrives late, bring camper to Weiss Center front office and staff will take camper to group.

## BICYCLES

Campers that ride bikes or other modes of transportation will lock them up at the outdoor bike rack. All bikes must be locked with the camper's own lock. The River Trails Park District is not responsible for lost or stolen bicycles.

## FIELD TRIPS

There will be one field trip per session. Children must wear their camp T-shirts on trips. A notice will be sent home prior to each trip with more information. T-shirts will be given out at the end of the first week of camp.

## THURSDAY COOKOUTS

Every **Thursday** Trails Sports Camp will have a cookout for lunch. Campers are asked to bring a raw hot dog or hamburger, along with a bun on Thursdays. **Please label your child's hotdog or hamburger.** The Park District will provide ketchup, mustard, chips and Kool-Aid.

## OPEN SWIM

Campers will swim on **Mondays and Wednesdays**. Bring swimwear and a towel on these days. Please teach your camper to apply his/her own sunscreen or to wear a clean white T-shirt while swimming to avoid sunburn.

## FAMILY NIGHT

On **Tuesday, June 23 from 7:00 – 8:30 p.m.** there will be a Family Night for the campers. Family Night is chance to meet the counselors, enjoy dinner and participate in fun activities. You will receive more details in the camp newsletter.

## 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 and kept in their backpack. If they need to contact you they may ask their counselor or the Site Director. If you need to contact your camper just leave a message with the Weiss Center office.

## TAX DEDUCTION INFORMATION

Parents are responsible for keeping a tally of their camp payments for tax deduction information. There will be a \$5.00 charge for each request of a statement of transaction. The park district tax ID number can be obtained by calling the Weiss Community Center at 847-255-1200.

## SAVE THE EARTH

Each camper should bring lunch; drink in a reusable container and a water bottle everyday. Eliminating paper cups can save hundreds of trees! Please write your camper's name on the water bottle/cup with a permanent marker.

## VENDING MACHINE

Campers may use the outside vending machines at designated break times. Please send your camper with correct change or dollar bills, the pool and Weiss Center are unable to give change.

## **WHAT TO BRING TO CAMP**

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

\*lunch & drink   \*water bottle   \*sunscreen   \*change for vending machines

\*snacks   \*swimwear and towel

## *Additional Program Options Information Sheet*

### *Before/After Camp -Camp Swim Lessons*

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

#### LOCATION

Camp days will begin and end at Woodland Trails Park, 1500 E. Euclid Ave., Mt. Prospect.

#### TIMES

<b>7:00 – 8:30 a.m.</b>	<b>Before Camp Care*</b>
<b>8:00 – 8:30 a.m.</b>	<b>Camp Swim Lessons*</b>
<b>8:30 a.m. – 3:00 p.m.</b>	<b>Day Camp</b>
<b>3:00 – 5:45 p.m.</b>	<b>After Camp Care*</b>

\*Additional: Register for Camp Swim Lessons and Before & After Camp Care separately. Additional fee applies.

#### BEFORE CAMP CARE

- ❖ Please walk camper into the meeting room of the Weiss Center no earlier than 7:00 a.m. You must **sign your child in**. At 8:30 a.m. a counselor will walk your child over to their camp meeting location.

If your child is enrolled in both Before Camp Care and Camp Swim Lessons a counselor will walk campers over to the pool at 8:00 a.m. **They will then meet campers after swim lessons and bring them to their camp meeting location.**

- ❖ Activities

Before Camp will offer choices of quiet activities including low organized games, coloring, board games, puzzles, etc. Some TV time and PG videos may be included.

- ❖ Lost and Found

A lost and found box will be kept at the campsite. Items not claimed by the end of the summer will be donated. Please do not wear or bring anything to camp that is valuable (including jewelry, game boys, CD players, iPods, cell phones, etc). ***The River Trails Park District is not responsible for lost or stolen items. \*\*Please put your child's name on everything coming to camp. \*\****

## SWIM LESSONS

- ❖ Please drop camper off at the pool. When lessons are over, counselors will meet campers and walk them to their camp meeting location. Day Camp swim lessons will be available from 8:00 – 8:30 a.m., Monday – Friday on camp days. Parents are invited to watch their camper from outside the fenced area.

All campers will be tested on the first day and placed in correct level. Lessons are American Red Cross Levels 1 to 7.

## AFTER CAMP CARE

- ❖ At camp dismissal time, After Camp counselors will walk your camper to the shelter area north of the Weiss Center. After attendance is recorded, snack/drink will be provided. Please pick your camper up at the north side of the Weiss Center, in the area next to the shelter by 5:45 p.m. If it rains the children will be in the Weiss Center. **Campers must be signed out by an adult authorized to pick them up.**

- ❖ **Activities**

We welcome all campers but this program is geared especially toward Trails and Sports campers in grades 1-6. Older campers may enroll but if these campers disrupt the program, parents will be asked to make other arrangements. Staff will offer choices of activities including sports, cooperative games, crafts, board games, etc. Some TV time and PG videos may be included on hot or rainy days

- ❖ **Swimming**

After Camp will go swimming on Wednesdays afternoons until 5:00 p.m. then be at the shelter north of the Weiss Center. Please pick up your child at the appropriate place.

- ❖ **Rainy Days**

If it rains, the children will be in the Weiss Center.

- ❖ **Snacks**

A snack is provided in our After Camp program only. Each camper is asked to bring a water bottle/plastic cup to camp. A drinking fountain is available to campers. Please help us refrain from using paper cups. If you wish, you may send a snack with your child in the morning.

- ❖ **Lost and Found**

A lost and found box will be kept at the campsite. Items not claimed by the end of the summer will be donated. Please do not wear or bring anything to camp that is valuable (including jewelry, game boys, CD players, iPods, cell phones, etc). ***The River Trails Park District is not responsible for lost or stolen items. \*\*Please put your child's name on everything coming to camp. \*\****

- ❖ **Late Pick up Fees**

There will be a charge of **\$1.00 per minute** for each minute after 5:45 p.m. that a child is picked up late. If a parent is late, a counselor will stay with the child until 6:00 p.m. at the shelter. Any camper not picked up by 6:00 p.m. will be taken into the Weiss Center and left under the care of Park District personnel. ***The number of late pick-ups will be closely monitored. If they become excessive, there is a possibility that your camper could be removed from the program.***

## 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) will be given to the parent. \*\*

**\*\*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. \*\***

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*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: \_\_\_\_\_

## **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.

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Office Use only:

Sess: TDC TSC BC AC SWIM TM TT TEC PP

I									
II									
III									
IV									

PLEASE PRINT

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Parent's Last Name (if different): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Father's First Name \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Grade entering in fall \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** only if parent can not be reached  
(must be a friend/neighbor who speaks English and can pick up your child )

Mother Work: (\_\_\_\_) \_\_\_\_\_

Father Work: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_

Mother Cell: (\_\_\_\_) \_\_\_\_\_

Father Cell: (\_\_\_\_) \_\_\_\_\_

**Phone:**(\_\_\_\_) \_\_\_\_\_

**Work:** (\_\_\_\_) \_\_\_\_\_

Does your child have any allergies? (animals, foods, medications or plants) \_\_\_\_\_

Any health problems that would limit participation? (asthma, nose bleeds, etc.) \_\_\_\_\_

List all medications & times taken: \_\_\_\_\_

\* additional forms needed if medication taken during camp

Does your child have special needs that require accommodations or special assistance?

No \_\_\_\_ Yes \_\_\_\_ Please explain: \_\_\_\_\_

Please list any conditions/behaviors we should be aware of: \_\_\_\_\_

Can your child swim? Yes No May your child swim during camp open swim? Yes No

My child will \_\_walk home \_\_ride his/her bike home \_\_be picked up by car from camp.

**Friendship Request:** (same age/camp session) \_\_\_\_\_

Please note this is a request not a guarantee. Must be made by June 1.

**After Camp Participants only :**

Please print the person (s) that will be picking up your child from After Camp:

\_\_\_\_\_

River Trails Park District  
847-255-1200

1500 E. Euclid Avenue  
Mt. Prospect, IL 60056

## 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)** \_\_\_\_\_

# CAMP REGISTRATION FORM

**\*PLEASE USE ONE FORM PER CHILD**

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

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 '09) \_\_\_\_\_ School Name \_\_\_\_\_

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 (20% additional, not to exceed \$20 per program)

Program	Code #	Fee
<b>Session 1</b>		
Camp name		
Before camp		
After camp		
Camper swim lessons		
<i>Session</i>	<i>Total</i>	
<b>Session 2</b>		
Camp name		
Before camp		
After camp		
Camper swim lessons		
<i>Session</i>	<i>Total</i>	
<b>Session 3</b>		
Camp name		
Before camp		
After camp		
Camp swim lessons		
<i>Session</i>	<i>Total</i>	
<b>Trails End</b>		
Camp		
Before camp		
After camp		
<u>Session</u>		

TOTAL \_\_\_\_\_

*Office staff only*  
**1<sup>st</sup> Payment – upon registration**  
Amount Due: \_\_\_\_\_  
Amount Rec'd: \_\_\_\_\_  
**Accepted By:** \_\_\_\_\_  
Type of payment (circle one)  
Cash \_\_\_\_ Check # \_\_\_\_ Credit Card

*Office staff only*  
**2<sup>nd</sup> Payment - March 10, 2009**  
Amount Due: \_\_\_\_\_  
Amount Rec'd: \_\_\_\_\_  
Accepted By: \_\_\_\_\_  
Type of payment (circle one)  
Cash \_\_\_\_ Check # \_\_\_\_ Credit Card

*Office staff only*  
**3<sup>rd</sup> Payment - April 7, 2009**  
Amount Due: \_\_\_\_\_  
Amount Rec'd: \_\_\_\_\_  
Balance: \_\_\_\_\_  
Accepted By: \_\_\_\_\_  
Type of payment (circle one)  
Cash \_\_\_\_ Check # \_\_\_\_ Credit Card

*Office staff only*  
**Balance – May 12, 2009**  
Amount Due: \_\_\_\_\_  
Amount Rec'd: \_\_\_\_\_  
Accepted By: \_\_\_\_\_  
Type of payment (circle one)  
Cash \_\_\_\_ Check # \_\_\_\_ Credit Card

**\*\* you will not be billed, payment is your responsibility.**

- If payments are not received, child will not be allowed to start session.
- Friendship request must be made by June 1.

**MORE INFORMATION & WAIVER ON BACK.....**

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

For Future Payments Due

**I authorize the River Trails Park District to charge the listed credit card for remaining payments/balance(s) due for camp program(s).**

YES \_\_\_\_\_

NO \_\_\_\_\_

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

Tax Deduction Information

**Parents are responsible for keeping a tally of their camp payments for tax deduction purposes. The park district tax ID number can be obtained at the Weiss Community Center at 847-255-1200.**

<b><u>Visa, MasterCard or Discover Card</u></b>	
<b>\$20 MINIMUM CHARGE</b>	
Card No: _____ - _____ - _____ - _____	
Name Cardholder _____	Expiration Date _____
Authorized Signature _____	Charge Amt. \$ _____
Date _____	Amt. \$ _____
Date _____	Amt. \$ _____
Date _____	Amt. \$ _____

**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.

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