

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/debit card for remaining payments/balance(s) due for trail blazers 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.

Visa, MasterCard or Discover Card		
\$20 MINIMUM CHARGE		
Card No: _____ - _____ - _____ - _____		
Name Cardholder _____	Expiration Date _____	
Authorized Signature _____	Date _____	Charge 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.

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

TRAIL BLAZERS REGISTRATION FORM

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

phone 847.255.1200
fax 847.255.1285
www.rtpd.org

ONE FORM per child

Date _____ E-Mail address _____ Age (as of Sept 1) _____

Child's Last Name _____ First Name _____ Birth date __/__/__

Home Phone # _____ Cell Phone # _____ Sex M F

Mother's full name _____ Father's full name _____

Address _____ City _____ Zip _____

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

		Res	NRes
Registration fee		\$20	\$20
Tiny Tykes Trail Blazers	#18564		
Junior Trail Blazers	#18562		
Senior Trail Blazers	#18563		
Total			
Rec'd upon reg.			

Your payment amount will vary if you register after July 1.

Payments Due or will be processed on 1st of every month. Participants will not be billed by park district.

Pick payment type:

- **Monthly payment – requires a credit or debit card for automatic charge on the 1st of the month.**
- **Quarterly payments can be done by an automatic charge if you sign back of form, otherwise drop off payment at Weiss Center.**
- **Full year payment due at registration or July 1.**
- **\$10 Late fee charged after 10th of month.**

River Trails Park District
847-255-1200
www.rtpd.org

1500 E. Euclid Avenue
Mt. Prospect, IL 60056

Trail Blazers
Student Information ___ Senior ___ Junior ___ Tiny Tykes

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PLEASE PRINT

Child's Name (Last) _____ First _____ Nickname _____

Parent's Last Name (if different) _____ E-mail _____

(Please print very clearly)

Address _____ Town _____ Zip _____

Phone: Home (____) _____ Date of Birth: ___ / ___ / ___ Age ____ Sex ____

Mother's
Name: _____ Occupation: _____ Work Phone: _____
Cell phone _____ Marital Status: _____

Father's
Name: _____ Occupation: _____ Work Phone: _____
Cell phone _____ Marital Status: _____

Is child living with both parents? ___ Yes ___ No Other Adults living in the home: _____

Did your child attend our Tiny Tykes or Jr Trail Blazers? ___ Yes ___ No If not, where: _____

List any other classes they have attended:

School where your child will attend Kindergarten: _____

Child's favorite activities/interests/toy: _____

How did you hear about us and why did you choose Trail Blazers? _____

Information you feel would be helpful to staff in teaching and understanding your child: (vision, speech, shy, behavior, etc)

Special Talents/Abilities your family would like to share with us? _____

Hand your child prefers to use: ___ Left ___ Right Does your child have trouble separating from you? ___ Yes ___ No

What expectation do you have for your child in this program? _____

Primary language spoken in your home _____ **Favorite Activities/interests:** _____

Doctor's Name _____ **Phone** _____ **Date of last exam** _____

Does your child have any allergies? (food, plants, animals or medication) _____

Is your child currently taking any medication? No _____ *Yes _____ Please list each type.

—
*additional form
needed _____

We welcome individuals with disabilities into our program. Please describe any special accommodations or assistance needed for a successful inclusion in this program. _____

Please list each person authorized to pick up your child:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Emergency Contact: (Other than parent/guardian)

Name _____	Phone _____	Relationship to Child: _____
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Siblings (names & ages)

_____	_____	_____	_____
_____	_____	_____	_____

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 judgement 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)** _____

River Trails Park District
255-1200

1500 E. Euclid Avenue
Mt. Prospect, IL 60056

***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:* _____

Trail Blazers: Tiny Tykes _____ *Jr.* _____ *Sr.* _____

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: _____