

River Trails Park District
Weiss Community Center
847.255.1200
www.rtpd.org

1500 E. Euclid Avenue
Mt. Prospect, IL 60056



Camp Willow (Ages 5-12)

Information Sheet

LOCATION

Willow Trails Park
1 Apple Dr (corner of Apple Dr & Burning Bush Ln.)
Prospect Heights, Il. 60070

DAYS/DATES/TIMES

Monday, Wednesday, Friday
June 24 - July 26, 2018
12:30– 3:00 pm

FIRST DAY/ EVERY DAY

Camp Willow – 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.

RAINY DAYS

If it rains before or during camp: **Camp will be cancelled. Parents or guardians will be called to pick up campers and to sign them out of camp due to any cancellations.** Parents, please make arrangements for early pick up as soon as possible if you drive your camper to camp. Sometimes if it rains heavy the night before – conditions may still be unacceptable 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, please 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 that your camper looks forward to going to every day!

DROP OFF/PICK UP

Campers must be signed in by a parent or authorized adult each day camp meets. Sign in will take place under the Gazebo located in the park at 12:30 pm. Pick up will take place at 3:00 pm under the Gazebo each day camp meets. Campers must be signed out of camp by a parent or authorized adult each day camp meets. If they are arriving late or leaving early please sign your child in or out with the Site Supervisor.

WALK/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 or scooters. Please give us a note giving your permission to have your child walk/ride their bike from camp each day.

FIELD TRIPS

There will be field trips during the session. These would include going to the Woodland Trails Park, pool and the Zone for parkour.

SUNSCREEN

Camp staff is not allowed to apply sunscreen lotion onto campers. We suggest that parents use/send spray on sunscreen and teach your camper to use it. 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 help with spray if needed.

CELL PHONES

Campers are not allowed to bring a cell phone to camp. If a camper is found using their phone we will hold it and return it to your camper at the end of day. Staff will also speak to parent at pick up time. If your camper needs to contact you, they may ask their counselor or the Site Director. If you need to contact your camper, please leave a message with the Weiss Center office at 847.255.1200.

LOST AND FOUND

Please put your child's name on everything coming to camp. A lost and found box will be kept at the campsite. Items not claimed by the end of the session will be donated. Please do not wear or bring anything to camp that is valuable (including jewelry, electronic games, 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** (name written in it) to camp each day with the following items:

*water bottle

*spray sunscreen

*Smile

CAMP WILLOW 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 (required) _____

Child's Last Name _____
Apellido del participante

First Name _____
Nombre

Gender: M F

Birth date ____/____/____
Cumpleaños

Age _____
Edad

Grade (Fall) _____
Nivel de escuela en el otoño

School _____
Escuela

Parent/Guardian's Last Name (if different) _____
Apellido de madre/padre (si diferente)

Alternate Phone _____

Address _____
Dirección

City _____

Zip _____

Home Phone _____
teléfono

River Trails P. D.
Resident

Prospect Hts. P. D.
Resident

Mt. Prospect P. D.
Resident

Non-Resident

Program	Code #	Fee
June 18-July20		
Camp willow	26056	\$10
	<i>Total</i>	\$10

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 physically 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

CAMPER EMERGENCY FORM

Please print clearly

Camper's Last Name _____ First _____ Date of Birth: ___/___/___

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

Address _____ City _____ Phone (____) _____

School _____ Grade entering in fall _____ Age _____

Mother's First Name _____ Work: (____) _____ Cell: (____) _____

Father's First Name _____ Work: (____) _____ Cell: (____) _____

Emergency Contact: NOT PARENT (local friend/neighbor who can pick up child)

Name: _____ Phone: _____ Cell: _____ Relationship: _____

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 is taken during camp hours

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: _____

Child's swim skills: ___ Non-swimmer ___ Beginner ___ Intermediate ___ Advanced

After camp my child will ___ Walk home ___ Ride his/her bike home ___ Be picked up by car

___ Attend a RTPD program other than a tag on. Program Name: _____ Dates _____

One (1) Friendship Request: (same age/camp session) _____

Please note this is a request, not a guarantee. You may request one friend and they must request you too. Must be made by June 1.

After Camp Participants only:

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

Sess:	CF	CC	CFin	CG	BC	AC	CM	WLO	Swim	Golf	Tag On	Tag On
I												
II												
III												
IV												

Office Use only: write # days under camp

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)** _____

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 and 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: I

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