# Additional Program Options
# Information Sheet

## *Before/After Camp - Camp Swim - Golf Lessons – Tag-Ons – Rob Roy Jr. Golf Camp Leagues*

**LOCATION**

All additional program options will begin and end at **Woodland Trails Park**, 1500 E. Euclid Ave., Mt. Prospect.

**TIMES**

| | |
|---|---|
| **7:00 – 8:30 am** | **Before Camp {M, W, F} or {M-F}** |
| **8:00 – 8:45 am** | **Camp Swim Lessons {M, W, F} or {M-F}** |
| **3:00 – 6:00 pm** | **After Camp {M, W, F} or {M-F}** |
| **3:00 – Time Varies** | **Camp Tag-Ons {M, W, F} or {T/TH}** |
| **10:00 – 1:00pm** | **Rob Roy Jr. Golf Camp Leagues {M}** |

Please register for these programs separately. Additional fee applies.

**BEFORE CAMP**

- **Drop off time is 7:00 am. Please drive your camper to the designated drop off/pick up location where a supervisor will be attending to sign them in.** At 8:30 am, a counselor will walk your camper over to their camp meeting location.

  If your camper is enrolled in both Before Camp and Camp Swim Lessons, a counselor will take your camper over to the pool by 8:00 am. **They will then meet your camper after swim lessons and bring them to their camp meeting location at 8:45am.**

  - 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 session will be donated. Please do not wear or bring anything to camp that is valuable (including jewelry, DS's, tablets, IPads, cell phones, etc.). ***The River Trails Park District is not responsible for lost, stolen or damaged items. Please put your child's name on everything coming to camp.***

**CAMPER SWIM LESSONS**

- Our swim lesson program is designed around flexibility that allows each child to progress at their own pace rather than conforming to the peer group. Lessons are taught by qualified instructors who love to teach. We provide students with a safe, interactive, and fun environment.

- Day Camp swim lessons will be available from 8:00–8:45 am, Monday–Friday or MWF. If your camper is not enrolled in Before Camp, it will be your responsibility to get them to the pool for their 8:00 am lesson. When lessons are over, counselors will meet campers and walk them to their camp meeting location. Parents are invited to watch their camper from outside the pool fence. All campers will be tested on the first day of camp and placed in a swim level that accommodates their ability. (Non-Swimmer, Beginner, Intermediate or Advanced).

**CAMPER GOLF LESSONS**

- Golf lessons will be held at the driving range from 3:00-4:00 pm Monday & Wednesday. Lessons will be structured towards the individual skill level of each participant. Our golf instructor will teach stance, grip, driving, putting, etiquette, pace of play & rules. Ample time for individual attention. Clubs will be supplied. Camp staff will walk campers to lesson & back.

## CAMP TAG-ONS

- Camp Tag-Ons will be held at various River Trails Park District locations from 3:00-4:00 pm on Monday, Wednesday, & Friday, or Tuesday & Thursday depending on the Tag-On you have chosen. If a Tag-On is held off site, Camp Staff will provide transportation from the Weiss Center and back.

## ROB ROY JR. CAMP GOLF LEAGUE

- A fun and friendly recreational league where we stress learning and developing golf skills while playing with friends in a relaxed and fun atmosphere on the golf course. The 1st day will include a clinic on skills and course etiquette. We will drive your child to and from the golf course. The league plays Mondays 10am- 1pm. Lunch and greens fees included.

## AFTER CAMP

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 and then the campers will have a choice of activities.

- Pick up
  Look for the colored lawn sign out on the grassy area along the parking lot to help you identify where your camper's pick up location will be. **Campers must be signed out by an adult authorized to pick them up**.

- Activities
  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 **Wednesday** afternoons until 5:00 pm. Sometimes camp may not be able to swim due to home swim meets. Please look for the colored lawn signs on the grassy area along the parking lot to inform you where to pick up your child.

- 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 with their name on it. A drinking fountain is also available to campers. Please help us refrain from using paper cups. If you wish, you may send a snack with your child. Please no snacks containing nuts, due to others with food allergies.

- Lost and Found
  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, iPads, DS's, tablets, cell phones, etc.). ***The River Trails Park District is not responsible for lost, stolen or damaged 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 6:00 pm that a child is picked up late. If a parent is late, a counselor will stay with the child until 6:15 pm. Any camper not picked up by 6:15 pm 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.***

# 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, 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
1500 E. Euclid Ave, Mt. Prospect

847.255.1200
www.rtpd.org

# 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 | CA | BC | AC | CM | WLO | Swim | Golf | Tag On | Tag On | PW |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *I* | | | | | | | | | | | | | |
| *II* | | | | | | | | | | | | | |
| *III* | | | | | | | | | | | | | |
| *IV* | | | | | | | | | | | | | |

*Office Use only: write # days under 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):** _____

**River Trails Park District**
**847.255.1200**

**1500 E. Euclid Ave,**
**Mt. Prospect, IL 60056**

# 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. **

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**Please Print**

Child's Last Name: _____ First Name: _____

Camp: _____ Session: 1 2 3 4

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

**RIVER TRAILS PARK DISTRICT & SUPERHERO'S ACADEMY Of MOTION ARTS**
**WAIVER AND RELEASE OF ALL CLAIMS, ASSUMPTION OF RISK, AND INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration for participation in parkour activities conducted by Superhero's Academy of Motion Arts, I hereby agree to waive, release, and discharge Superhero's Academy of Motion Arts (SAOMA) and the River Trails Park District (RTPD), including their respective officers, officials, employees, agents, and contractors (collectively, "the Parties") from any and all liability, claims, damages, or losses that I (or my minor child/ward) may sustain arising out of or in any way connected with participation in this program/activity.

**WARNING OF RISK & IMPORTANT INFORMATION**

SAOMA and RTPD are committed to conducting recreation programs and activities in a safe manner and hold the safety of participants in high regard. SA 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 this program must recognize that there is an inherent risk of injury when choosing to participate in parkour activities.

Parkour activities are intended to challenge the physical, mental, and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury including death. Understandably, not all hazards and dangers can be foreseen. The very nature of parkour is hazardous and risky, **The risks include, but are not limited to:** serious physical injury arising out of slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening injuries; muscular soreness, tears, strains, sprains, dislocations, fractures and broken bones; paralysis, cuts, bruises, and muscle soreness; wrist, arm and shoulder injuries; musculoskeletal injuries including head, neck, and back; injuries to internal organs; inadequate or negligent instruction or supervision, horseplay, defective equipment, the negligence of other participants; lack of physical conditioning or skills; and premises defects . In this regard, it must be recognized that it is impossible for the SAOMA or RTPD to guarantee absolute safety.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately 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.

**PLEASE CAREFULLY READ THE TERMS AND CONDITIONS BELOW**

1. I expressly agree and promise to accept and assume all of the risks existing in this activity for myself (or my minor child/ward). My participation (or that of my child/ward) in this activity is purely voluntary, and I (or my child/ward) elect to participate in spite of the risks.
2. **I represent that I understand the nature of parkour activities, that these are physical in nature, and that I (or my child/ward) am qualified, in good health, and in the proper physical condition to participate in such activities. I further agree and warrant that if at any time I (or my child/ward) believe conditions to be unsafe or activities to be beyond my skill level, I (or my child/ward) will immediately discontinue further participation in the activity.**
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RTPD & SAOMA from any and all liabilities, losses, claims, demands, or causes of action, which are in any way connected with my participation (or my minor child/ward) in this activity or my use of RTPD & SA's equipment or facilities, **including any such claims which allege negligent acts or omissions of RTPD & SAOMA.**
4. Should RTPD & SAOMA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I (or my minor child/ward) may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself or my child/ward. I further certify that I am willing to assume the risk of any medical or physical condition I (or my child/ward) may have.
6. I have read and fully understand the above language, important information and warning of risk, indemnification, 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. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my (or my child/ward's) participation in this activity, I may be found by a court of law to have waived my right (and that of my minor child/ward) to maintain a lawsuit against RTPD & SAOMA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____
Address _____
City _____ State _____
Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**
**(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by RTPD & SAOMA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RTPD & SAOMA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such us or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____ 4/16