

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

1500 E. Euclid Avenue
Mt. Prospect, IL 60056



RIVER TRAILS
PARK DISTRICT

Camp MINI (Grades K-5) **Information Sheet**

2021 Summer Camp Registration Guidelines

- Session 1 begins June 14.
- Resident Registration begins April 13.
- Open Registration begins April 20.
- Please register early or by session deadline! There will be a 48 hour deferment period after any late registration. You will be notified within two business days if we will be able to accommodate you. No friendship requests will be granted with late registration.
- Transfers and withdrawals must be made 48 hours prior to each camp session starting date. Once a program starts, refunds will be prorated and credits will be applied to your account.
- Please register child for grade as of Fall 2021.
- There will be no fee adjustments for any time your child does not attend a session.
- Don't have an account? Go to www.rtpd.org to start one today.

2021 Summer Camp	Session Registration Deadline (Full Balance Due)	Initial Installment Payment
Session 1 Jun 14-25: 2 weeks	June 7	25% at time of registration
Session 2 Jun 28- Jul 16: 3 weeks	June 21	25% at time of registration
Session 3 July 19-Aug 6: 3 weeks	July 12	25% at time of registration
Camp Finale Aug 9-13	Aug 2	25% at time of registration

LOCATION

Camp is held at **Indian Grove School - 1340 N Burning Bush Lane, Mt. Prospect - Door #8**

TIMES

9:00am – 12:00pm

Camp Options: {M, W, F} or {M – F}

Day selection must stay the same throughout the session.

SAFETY GUIDELINES

1. Games and activities will be structured to have no contact with other campers. All campers will be encouraged to spread out at all times.
2. Activities requiring physical exertion and/ or voice will be played outside during appropriate weather conditions. There will be increased play outside throughout the day.
3. Water-based activities will be permitted per Phase 4 guidelines.
4. Cleaning and sanitation practices will be conducted in compliance with the CDC protocols. Touch points will be cleaned every two hours.
5. All staff members and campers will be required to wear a mask when inside when within 6ft of each other.
6. Before being granted entrance into day camp, campers will be asked to wash their hands upon entering the facility. Staff will ask the participant if they are currently exhibiting COVID-19 symptoms. If the participant does have symptoms, they should wait to enter the premises until they gave no fever for at least 72 hours, other symptoms have improved, and at least 10 days have passed since first symptoms appeared.
7. We will have increased hand sanitizer stations and designated hand-washing times. All campers will be expected to practice proper hand-washing techniques.

DROP OFF/PICK UP

Drop off time is 9:00 am. Please drive your camper to the designated drop off/pick up location where a supervisor will be attending to sign them in. Pick up time is 12:00 pm. To pick your child up, please drive to the designated drop off/pick up location where a supervisor will be waiting to sign your camper out.

Your camper must be signed out by an adult authorized to pick them up.

ACTIVITIES

Camp staff will plan a variety of activities consisting of arts & crafts, creative drama, cooperative games, sports 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 that your child truly enjoys!

Camp Swim Lessons

- ❖ 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).
- ❖ 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.

Camp Tag-Ons

Camp Mini Tag-Ons offer the opportunity to enroll your child in an additional class that will take place from 12:15-1:15 pm on Monday and Wednesday each week. Each Camp Mini Tag-On will be located at Indian Grove School. **Please provide your child with a lunch if attending a Tag-On.**

COMMUNICATION

Weekly newsletters and field trip information will be made available in the camp section of our webpage at www.rtpd.org inside the New Virtual backpack:

VIRTUAL BACKPACK
Click on the backpack to
see all Summer Camps
Downloads



FIELD TRIPS

There will be one field trip per session. For safety reasons, 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 during the first week of camp. Only one T-shirt will be provided to a camper throughout the entire summer. An additional t-shirt can be purchased for \$5.

LOST AND FOUND

Please put your child's name on everything coming to camp. A lost and found box will be kept at the camp site. 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, tablets, D.S.'s, cell phones, iPods, etc.). **The River Trails Park District is not responsible for lost, stolen or damaged items.**

SNACKS

If you wish, **you can send a healthy, nonperishable snack for your camper.** Please don't send snacks containing nuts, due to others with food allergies. Please help us refrain from using paper cups. Groups will take a break mid-way through the day to enjoy snacks. Each camper is asked to bring a water bottle/plastic cup to camp with their name on it.

SUNSCREEN

Camp staff is not allowed to apply sunscreen lotion onto campers. We suggest that parents use spray on sunscreen and teach your camper to use it. 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 their parent at pick up time. If your camper needs to contact you, they may ask their counselor or the Site Supervisor. If you need to contact your camper, please leave a message with the Weiss Center office.

TAX DEDUCTION INFORMATION

Parents are asked to keep a tally of their Camp payments for tax deduction purposes. The park district tax ID number can be obtained by calling the Weiss Community Center at 847.255.1200. You can also get this free online if you have set up an account. Please inquire at the Weiss Center.

FAMILY NIGHT

On **Tuesday, June 22nd** from **6:00–7:30pm**, there will be a Family Night for campers and their families. Family Night is an opportunity for parents to meet the counselors, enjoy dinner and participate in fun activities. You will receive more details in the camp newsletter sent home the first week of the session. Family Night is located at Woodland Trails Park.

WHAT TO BRING TO CAMP

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

- Snacks
- Lunch/drink
- Water Bottle
- Spray Sunscreen
- Swimwear & a towel on water days
- a SMILE!

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

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

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 from the Weiss Community Center at 847.255.1200.

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, 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 _____ 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 _____

After camp my child will Walk home Be picked up by car

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

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

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: | 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 use or participation by Minor.

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