

River Trails Park District  
Weiss Community Center  
847.255.1200  
[www.rtpd.org](http://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 21 - July 23, 2021**  
**12:30pm-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 and parents or guardians will be called to pick up their campers and to sign them out.** Parents, please make arrangements for early pick up as soon as possible if you drive your camper to camp. Sometimes if it rains heavily 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 or cancelled. 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, non-contact sports, and wellness/nature-based activities. 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 their 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, stolen or damaged bicycles or scooters.** Please give us a note giving your permission to have your child walk/ride their bike from camp each day.

### **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 their 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**

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.) ***Please put your child's name on everything coming to camp. 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:

- Snacks
- Water Bottle
- Spray Sunscreen
- a 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
<b>June 21-July 23</b>		
<b>Camp Willow</b>	<b>26056</b>	<b>\$13</b>
	<i>Total</i>	<b>\$13</b>

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

**River Trails Park District**  
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## **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 bypassed 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 use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_