

2024 Summer Camp Parent Handbook

Camp Kiddie (Ages 3 & 4)

Welcome to 2024 Summer Camp at River Trails Park District! At River Trails, we're all working together to achieve a common goal: to responsibly enrich the lives of our diverse community.

What's summer without art, nature & new friends? Activities are based on a different theme each week. This fun and exciting program will assist your child in the transition to fall preschool. The camp will be led by a Trail Blazers Preschool teacher with help from a well-qualified assistant.

Camp Administrative Staff:

Katie Halverson- Recreation Supervisor of Youth Programming	847-463-3723 khalverson@rtpd.org
Katelynn Putkonen-Manager of Programs & Aquatics	847-463-3715 kputkonen@rtpd.org
Eileen Meyers- Customer Experience Manager	847-463-3716 emeyers@rtpd.org

Location

Camp meets in the Weiss Center Preschool room and uses the preschool playground outside the Weiss Community Center.

Times

3-4 yr. old	9:15 – 11:15 am on Tuesday/Thursday
4 yr. old	9:15 – 11:45 am on Monday/Wednesday/Friday

Activities

There will be a theme each week and campers will have fun reading stories, painting, doing art projects and playing games that pertain to this theme. We will also play with the classroom learning centers and outside on the playground, weather permitting.

Communication

Newsletters and field trip information will be made available in the camp section of our webpage inside the Virtual backpack at www.rtpd.org and distributed before each session.

VIRTUAL BACKPACK

Click on the backpack to
see all Summer Camps
Downloads





Drop-Off & Pick-Up Procedures

Drop off: Please wait outside the classroom until staff opens the door at 9:15am; at that point, feel free to bring your camper into the room. Remember to make your good-byes quick so their fun can begin! Sign-in by parent or guardian required.

Pick up: Please wait outside the classroom until staff opens the door and invites you in to get your camper. Sign-out by parent or guardian required.

Late Pick-Up

If your camper is not picked up on time, staff will take your child to Weiss Center office and you will be charged \$1.00 per minute.

What to Bring

Your child should bring a backpack to camp with their name on it each day with the following items:

- Water Bottle
- Gym Shoes (*No crocs, flip flops, sandals or jellies*)
- Snack/Drink
- Shorts, t-shirts, and gym shoes are highly recommended
- Spray Sunscreen
- Lunch

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. Staff can help with spray when needed.

Allergies & Medication

River Trails Park District is **not** a nut free environment. Children with a nut or other food allergies will be able to enjoy their snack at a designated nut free table. While we cannot restrict what other campers eat for lunch, efforts will be made to ensure the safety of your child in regard to food allergies. Please help us ensure the safety of children with allergies by sending your child with something nut free whenever possible. If your camper has allergies or requires other medical accommodations, please be sure to state all information on your camp forms. If your camper uses an epi pen, inhaler, or needs medicine distributed during the day you must fill out the medical paperwork, Medication Dispensing Information form and submit it to the site supervisor with the medication. The medication must be clearly labeled with the child's name and prescription. The medication must be kept with the site director and NOT in your child's backpack. This includes self-administered medicines like inhalers.

Snack

Each day the children will be enjoying a snack that parents provide for the class. Please sign up on the calendar outside the classroom for days to bring snacks. Please provide a healthy snack. Campers will have water to drink. See snack suggestions posted outside the classroom. We greatly appreciate all your help! Even though we are not a nut free environment we ask parents not to bring snacks containing nuts so all campers can enjoy the snacks brought in.



Lost & Found

- A lost and found box will be kept on site throughout the duration of summer camp.
- 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, iPads, tablets, cell phones, etc.). Please put your child's name on everything coming to camp.
- The River Trails Park District is not responsible for any lost, stolen or damaged items.
- We ask each camper to bring a lunch in a reusable container and a water bottle every day. Eliminating paper cups can save hundreds of trees! Please write your camper's name on the water bottle & lunch container with a permanent marker.

Camp Tag ons

If your child is signed up for Snack & Swim, Camp Kiddie staff will walk your child to the pool on those days. Please have your child wear their bathing suit to camp. If your camper is signed up for Kiddie Lunch until 1:15pm, the swim instructor will walk them back to camp. If not, please pick your camper up from the pool. If your camper is signed up for Kiddie Lunch, they will remain in the classroom with staff for the duration of the program. Please pack your camper with a lunch for this program.

Code of Conduct

All participants are expected to exhibit appropriate behavior at all times while participating, spectating or attending any program or activity sponsored by River Trails Park District. This includes participation programs which may or may not require an admission fee, spectating at any athletic events, recitals, rental, facility usage and or attending special events. The following guidelines are designed to provide a safe and enjoyable activities for all participants.

Participants, spectators and or parent/guardian shall:

- Show respect to all participants, officials, program staff and supervisors
- Take direction from program staff and supervisors
- Refrain from using abusive, foul language or bullying of any kind
- Refrain from any and all remarks against an individual's race, ethnic background, religion, physical appearance, or disabling conditions, this will not be tolerated.
- Refrain from causing bodily harm or physical affection to self, other program participants, program staff & supervisors.
- Not bring in any weapons or items that may be used as weapons to any programs, parks or facilities.
- Refrain from damaging equipment, supplies, facilities and parks

Additional codes of conduct may apply for particular programs such as: day camps, adult athletic leagues. River Trails Park District reserves the right to dismiss a participant, spectator and or parent/guardian for any inappropriate conduct.

Tax Deduction Information

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

**River Trails Park District
Weiss Community Center
847.255.1200**



**1500 E. Euclid Avenue
Mt. Prospect, IL 60056
www.rtpd.org**

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

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.

**Visa, MasterCard or Discover Card
\$20 MINIMUM CHARGE**

Card No: _____ - _____ - _____ - _____

Security Code _ _ _

Name Cardholder _____

Expiration Date _____

Authorized

Signature _____ **Amt. Charged \$** _____

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

River Trails Park District
Weiss Community Center
847.255.1200



1500 E. Euclid Avenue
Mt. Prospect, IL 60056
www.rtpd.org

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:

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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):** _____

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BEHAVIORAL STANDARDS CONTRACT (SEE CODE OF CONDUCT)

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: 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

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**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: _____