

# Day Camp

## Camper Registration



- Program Registration Form
- Summer Camp Participant Emergency Information
- Medication Waiver & Release of All Claims
- Character Contract



# Registration Form

## Village of Lake Zurich Park and Recreation Department Registration Form

PLEASE FILL OUT THIS FORM COMPLETELY AND MAIL OR FAX IT TO:  
Park and Recreation Department, 200 S. Rand Road, Lake Zurich, IL 60047,

Village of Lake Zurich  
FAX: 847-540-5081



**Family Information**  Resident  Non-Resident

Please print. Fill out the information below for your entire family; then list each participant separately in the Registration Information section. Proof of residency may be required.

Family (or primary guardian) Last Name	Father or Guardian First Name	Mother or Guardian First Name	
Address	City	State	Zip
Home Phone	Cell Phone (State Whose Number)	Work Phone (State Whose Number)	
E-mail Address			

Alternate Name Phone Relationship

**■** In case of an emergency, an attempt will be made to contact a parent/guardian at home, at work and via cell phone. If a parent/guardian cannot be reached, the Park Department will contact the alternate name listed above.

Does a participant in your family require Americans with Disabilities (ADA) assistance or a one-on-one aid?  Yes  No  
If yes, please request an additional form at the Park Department Office. (Good for this registration only.)

### Family Member Registration Information

Please list your first and second choice options for each class (if more than one section, date, or time is available).

Program #	Program Name	Participant's First Name	Participant's Last Name	Birth Date mo/day/yr	Fall Grade	Gender	R/NR Fee

Day Camp Shirt Size: Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

### Payment Information

Total Fee Payment Method: Check One:

Visa  MasterCard  Cash  Check (#: \_\_\_\_\_)

### Village of Lake Zurich - WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and/or your minor child for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the Village of Lake Zurich and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and/or losses sustained by me or by my child/ward, arising out, connected with, or in any way associated with the activities of any of the program(s). I HAVE READ, FULLY UNDERSTAND AND ACCEPT THE CONDITIONS AS DESCRIBED ABOVE.

This section must be filled out if you are using Visa or MasterCard.

Account Number: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount of Charge \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Signature of Parent/Guardian/Participant

Date

**■ This waiver must be signed by adults 18 years old and older.**

**Photo Release** Photos and videos are periodically taken of people participating in Village of Lake Zurich Park and Recreation Department programs and activities. All persons registering for Park Department programs/activities or using Park Department property thereby agree that any photograph or videotape taken by the Park Department may be used by the Park Department for promotional purposes including in its electronic media, videotapes, brochures, flyers and other publications without additional prior notice or permission and without compensation to the participant.

# SUMMER CAMP PARTICIPANT EMERGENCY INFORMATION

This form must be completed and returned with the registration form. One form per child. The following questions are being asked so that our camp staff can better serve your child. Your answers are strictly confidential. Please be as specific as possible.



Kamp Kiddie     Camp Alpine     Teen Camp

What grade will your child be entering this Fall? \_\_\_\_\_

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family E-Mail : \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with:  Both Parents     Mother     Father     Other

## Adults AUTHORIZED to Pick-Up my Child/Emergency Contacts other than Parent/Guardian (minimum of 2 are required)

	Name	Relationships	Primary Phone	Alternate Phone
1				
2				
3				
4				

## AUTHORIZED PICK-UP/EMERGENCY PICK-UP:

I, \_\_\_\_\_ authorize the people listed to pick up my child and be contacted in the event of an emergency from the Village of Lake Zurich. In doing so, I relieve the Village of Lake Zurich, its centers and employees of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first.

Initials \_\_\_\_\_

## UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from camp:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## TEEN CAMP SELF-ARRIVAL & RELEASE PERMISSION FORM

I give my child, \_\_\_\_\_ permission to sign into and out of teen camp on their own.

My child will arrive at the Chalet for Teen Camp at the designated starting time. Changes to this permission form must be made in writing and directed to the Recreation Supervisor. Without such changes, this form will remain in effect for the duration of the program.

NOTE: Parents must notify the staff in advance when their child will not be attending camp. On any occasion that a child is expected to attend the camp and does not arrive at the start of the program, the camp staff will make a reasonable attempt to contact the parent or guardian to notify them of the child's absence. However, the Village of Lake Zurich cannot guarantee that this notification will be made.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE INFORMATION:** Is the participant covered by family medical/hospital insurance?  Yes  No

If yes, indicate carrier or plan name: \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**HEALTH HISTORY:** My child is up-to-date on his/her immunizations and tetanus shots:  Yes  No ; Date of last Tetanus \_\_\_\_\_

Describe any of your child's current health conditions requiring medical attention, treatment or special restrictions/considerations at camp:

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Does your child take any medications? \_\_\_\_\_

Does your child have any allergies, including food? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Reaction to allergy/management of allergy: \_\_\_\_\_

Are there any activities that your child should be exempted from for health reasons? \_\_\_\_\_

Please list any past medical treatments: \_\_\_\_\_

#### **DAILY TEMPERATURE CHECK:**

By signing below, I acknowledge and agree to my child's temperature being taken prior to them entering any programmatic areas for the Summer Day Camp program on a daily basis. Once the temperature is cleared lower than 100.4, I will sign the camper in for the day. If it is greater than 100.4 I acknowledge that I am then responsible to remove them from the program area to keep them home for at least 3 days.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **FACE COVERINGS:**

By signing below, I acknowledge that it is a requirement of the Village of Lake Zurich that my child wears a face covering during all programmatic hours with the exception of water breaks, meal times and swimming. I agree to have my child adhere to these requirement at all times that they are participating in any Village of Lake Zurich program offering.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **AUTHORIZATION FOR SUNSCREEN:**

By signing this form, I acknowledge that I will sufficiently apply sunscreen to all of my child's exposed skin, and agree that the staff may provide assistance in reapplying the spray sunscreen that I provide in the morning, afternoon and after swim time (extended care only). The spray sunscreen I supply will be labeled with my campers first and last name.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SWIMMING ABILITY** (Alpine and Teen Camps Only):  Non-Swimmer  Fair Swimmer  Good Swimmer

#### **WIBITS:**

My child {3rd grade-8th grade} has permission to utilize the wibit system once they have successfully passed a deep water swim test. A life jacket must be worn at all times.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **MOVIES:**

My child has my permission to watch (check all that apply):  G-Rated videos  PG-Rated videos

## PHOTOGRAPHS:

By registering for any Village of Lake Zurich Park and Recreation Department program, you agree to allow use of any photos taken at any programs, events or facilities for illustration or publicity.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL RELEASE:

I do hereby give permission for the Village of Lake Zurich to transfer child named above off property for the purpose of medical care as deemed appropriate by the Supervisor and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Supervisor, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Initials \_\_\_\_\_

## WAIVER AND RELEASE OF ALL CLAIMS:

Please read this form carefully and be aware that in registering your minor child for participation in the above program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program. I recognize and acknowledge there are risks of physical injury to participants in the above program and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of claims resulting from injuries, damages and losses sustained by my child/ward, and I have read, fully understand and accept the conditions as described above.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
This waiver must be signed by adults 18 years old and older.

## FIELD TRIP AGREEMENT: Camp Alpine and Teen Camp Only

I agree to follow all rules and regulations of the Village of Lake Zurich (VOLZ) while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with VOLZ without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF VOLZ FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH VOLZ WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE VOLZ PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with VOLZ without respect as to location, or while being transported to and from field trip locations outside VOLZ premises, except for any injury, damage or loss that is caused solely by VOLZ gross negligence.

2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE VOLZ, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents and each of them from any and all claims for injuries, damage or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with VOLZ premises, except for any injury, damage or loss that is caused solely by VOLZ gross negligence.

3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with VOLZ without respect as to location, or while being transported to and from field trip locations outside the VOLZ premises, except for any loss, liability, damage or cost that is caused by VOLZ gross negligence.

I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS/USES BY ME TO ANY VOLZ FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements or inducements apart from the foregoing written agreement have been made.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



*At the Heart of Community*

# PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF ALL CLAIMS - COMPLETE IF APPLICABLE

The Village of Lake Zurich will not dispense medication to a minor child or any other participant until this waiver has been fully completed by a parent or guardian.



Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICATION NAME	DOSAGE	TO BE ADMINISTERED	DISPENSING/STORAGE

Please list any possible side effect of medication and which medication they apply to.

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## ASTHMA, ALLERGY, OR DIABETIC MEDICATION ONLY (i.e. Inhalers, Epi-Pen, Insulin, etc.)

1. May carry medication on his/her person  Yes  No
2. May self-administer medication  Yes  No

Directions for self-administration \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

give permission to the staff of the Village of Lake Zurich to administer to my child the medications listed above.

I understand it is my responsibility to give medication (including Inhalers) directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with participants name and dosage. I also understand, that over the counter medicine such as cough medicine, Tylenol etc. will not be administered.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Village of Lake Zurich to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. In consideration of the Village of Lake Zurich administering medication to my minor child, I do hereby fully release or discharge the Village of Lake Zurich, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Village of Lake Zurich and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes. I will do so by completing another Permission to Dispense Medication Form.

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **VIDEO RELEASE FORM**

I, \_\_\_\_\_, hereby grant permission to the Village of Lake Zurich, the rights of my child's image, in video or still, and of the likeness and sound of my child's voice as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include, but is not limited to:

- Presentations
- Courses
- Online/Internet Videos
- Media
- News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the Village of Lake Zurich's Dance Program.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

**Full Name** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Street Address/P.O. Box** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If this release is obtained from a participant under the age of 19, then the signature of that participant's parent or legal guardian is also required.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# CHARACTER CONTRACT



*The goal of our camp is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying healthy activities. As a family, please read and discuss the Character Contract together.*

1. Appropriate Conversation - Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff.
2. Appropriate Language - Children must refrain from using obscene language or gestures for any reason.
3. Respect - When asked to do or not to do something, a child needs to follow directions the first time given. This is for the safety of all children. Please speak to staff and other children with respect.
4. Play - Children are asked not to engage in any horseplay with each other or with staff. No one will be allowed to hit, push, or display any type of aggressive behavior. We will use words to settle our differences. We keep our hands and feet to ourselves.
5. Responsibility - All children need to remain with their group and within eyesight of their counselor. This applies here at Paulus Park and off-site field trips. At all times we want campers to be safe.
6. Caring - It is important to use and care for equipment, toys and games properly so that other children can enjoy them. We will care for the property of the Village, of other campers and of the Village of Lake Zurich Staff.

*What will happen when this contract is violated: If an incident occurs where a child conducts himself/herself in such a manner which jeopardizes their safety, the safety of others, or is not in accordance with the mission of the Village of Lake Zurich Park & Recreation. The following steps will be taken:*

1. First Violation - a staff member will address and document the issue directly with the child. The child may be removed from an activity for the day such as swimming, free time, etc... Parents will be contacted during the day or at the end of camp depending on the time of the incident.
2. Second Violation - a staff member will address and document the issue directly with the child. The parent or guardian will receive a phone call and may be asked to pick up their child within the hour. The child may or may not be allowed to attend camp the next day that he/she is registered for.
3. Third Violation - a staff member will address and document the issue directly with the child. Parents may be contacted immediately to pick up their child from camp. The child will be suspended for the day or week that he/she is registered for depending on the severity of the incident.
4. Fourth Violation - Child will be dismissed from camp for the remainder of the program. "We reserve the right at any time to dismiss your child from the program immediately if we deem unsafe placement due to environment, physical, emotional or other harm to themselves, other children, staff and members."

*The following character contract guidelines have been read and discussed.*

Child's Signature: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_