



Camper Data Form

This form must be completed and returned in by the first day of camp in order for your child to attend.

1. Camper's Name _____ Male _____ Female _____
2. Address _____ City _____ Zip _____
3. Phone # _____ Email Address _____
4. Birth Date ____ / ____ / ____ Age as of first day of camp _____ years old Grade entering this Fall _____
5. Name of Camp Attending: _____ Sessions: I II
- Pick A Week : Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8
6. Father's Name (or Legal Guardian) _____ Father's Cell _____
7. Mother's Name (or Legal Guardian) _____ Mother's Cell _____
8. Father's Work # _____ Mother's Work # _____

In the event of injury, illness or emergency, every attempt will be made to contact parents first.

9. Alternate Contact Person: _____ Phone _____
10. Family Physician: _____ Phone _____
11. Medical allergies, illness or other conditions: _____ Current Medications: _____
12. List any other special circumstances camp staff should be aware of: _____
13. Are all of your school immunizations up to date? _____ Date of last tetanus shot: _____
14. The Lincolnwood Parks & Recreation Department welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion into the program.

15. How will your child be picked up from camp?
16. My child is registered for Session I optional swim lessons.
17. My child is registered for Session II optional swim lessons.
18. **Recreational Swim:** I grant permission for my son/daughter to participate in recreational swim at camp.
19. **Field Trips:** I grant permission for my son/daughter to attend all field trips occurring throughout the summer.
In the event that you do not grant permission for your child to attend specific field trips, you must make arrangements for alternate care; your child cannot attend camp on field trip days if he/she is not attending the field trip.
20. Please indicate your child's appropriate t-shirt size.

I have read the waiver on the final page of this form, and understand that my signature is required below in order to participate in Lincolnwood Day Camp programs (must be 18 years old to sign). I have read the emergency treatment statement on the final page and allow emergency treatment of my son/daughter by a qualified medical professional in the event of a medical emergency.

Signature _____ Date _____



CAMPER DATA FORM - CONTINUED

Child's Name: _____ **Camp Attending:** _____

Authorized Pick-Up Policy

It is important for us to know who will be picking up your child from camp. Please list all the people authorized to pick your child up from camp, including those in a carpool. If you need to list additional authorized persons, please use a second form.

Primary Person:

Name: _____ Relationship: _____

Address: _____ City: _____ Phone #: _____

Additional Persons:

1) Name: _____ Relationship: _____

Address: _____ City: _____ Phone #: _____

2) Name: _____ Relationship: _____

Address: _____ City: _____ Phone #: _____

3) Name: _____ Relationship: _____

Address: _____ City: _____ Phone #: _____

Authorized person(s) will be required to show proof of identification (driver's license or photo ID) when picking your child up. Your child will not be released to anyone except the individuals listed above.

Photo Policy

The Parks and Recreation Department and local newspapers often take photos of participants enrolled in camp programs. These photos are used for Parks and Recreation Department seasonal brochures and newspaper articles. All pictures become property of the Parks and Recreation Department or newspaper. If you do not want your child's picture taken, please notify us in writing along with a current picture of your child. We will make every effort to make sure your child is not photographed.

I have read and understand the photo policy mentioned above.

Severe Weather Authorization

In the event of rain or extreme heat, we will transport children to an indoor facility. This indoor facility may be Village Hall, Community Center, Fire Department Training Room, District 74 Campus or on a field trip. Your child will be transported by bus to such locations. He/she will stay inside until weather conditions improve.

I have read and understand the severe weather authorization and give permission for my child to be transported to an indoor facility in the event of inclement weather.



PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

In consideration of the Village of Lincolnwood (“*Village*”) granting the Applicants the right and opportunity to participate in the program(s) identified in this Registration Form (“*Programs*”), and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Applicants, for themselves and, as applicable, by and through their parents and legal guardians, hereby agree as follows:

Acknowledgement and Assumption of Risk of Injury: The Applicants acknowledge that there is an inherent risk of injury in the Applicants’ participation in the Programs, and that, specifically and without limitation of the foregoing, the Programs may involve strenuous exertion or bodily contact that are hazardous recreational activities. The Applicants acknowledge and agree that they have sole responsibility, and the Village has no responsibility whatever, to determine whether the Applicants are physically fit and otherwise able to participate in the Programs. The Applicants agree to assume the full risk of any injuries, including death, and at all costs, damages, and losses, including medical bills, that the Applicants may sustain as a result of participating in the Programs, or as a result of the condition, maintenance, and use of any public property involved in the Programs.

Waiver and Release of Claims for Injury: The Applicants shall, and do hereby, waive, release, and relinquish all claims of every kind, including claims for personal injuries, known and unknown, present and future that the Applicants may have against the Village and its officers, agents, servants, and employees, arising out of, connected with or in any way related to the Programs or the Applicants’ participation therein, or as a result of the condition, maintenance, and use of any public property involved in the Programs.

Indemnity: The Applicants shall, and do hereby, indemnify and hold harmless the Village and its officers, agents, servants, attorneys, and employees from and against any and all claims of every kind, including claims for personal injuries, known and unknown, present and future, that the Applicants may have arising out of, connected with, or in any way related to the Programs or the Applicants’ participation therein, or as a result of the condition, maintenance, and use of any public property involved in the Programs.

Interest: The Applicants acknowledge and agree that they have no fundamental property or liberty interest in participating in the Programs, and that their participation in the Programs is conditioned upon the Applicants’ compliance with all Village regulations and instructions concerning the Programs.

The Applicants have read and fully understands this document and executes it of the their own free will and without any reservation whatsoever. Specifically, and without limitation of the foregoing, _____, being the parent and/or legal guardian of _____, hereby warrants, represents, and affirms that he/she has the full power and right to execute this document on behalf of the minor Applicant and to bind the minor Applicant to the terms of this document.