

Tot Camp



HODGKINS PARK DISTRICT 2024 SUMMER TOT CAMP REGISTRATION FORMS

Please print clearly and complete all blanks on the form – if there is a blank that is not applicable, please write N/A.

Camper's Information

Full Name: _____ Nickname or Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Phone Number: _____ Email Address: _____

Emergency Contact Information

If the parent/guardian above is unavailable, emergency contacts will be contacted.

Full Name: _____ Relationship to child: _____

Phone Number: _____

Full Name: _____ Relationship to child: _____

Phone Number: _____



Camper's Medical History

Please check all that apply and provide any additional information as necessary:

Allergies	Yes	No	Include type of allergy/any other information
Animals			
Insect Stings			
Plants/Trees			
Food			
Drugs			
Other			

Will the camper need to take any medication during the camp day? Yes No

If yes, please complete the **Medication Release Form**.

Any activities that are discouraged or limited by your camper's physician? Yes No

If yes, please list: _____

Any dietary modifications or restrictions? Yes No

If yes, please list: _____

Is there any other medical, physical, or behavioral information that our directors and/or counselors need to be made aware of? ADA-related questions or concerns can be directed to the Executive Director.



HODGKINS PARK DISTRICT MEDICATION RELEASE FORM

To be filled out by the prescribing physician:

Child's Full Name: _____

Name of Medication(s): _____ Dosage: _____

Time(s) to be Given: _____

(please be specific)

Reason for Medication: _____

Possible side effects to watch for: _____

Is any medication required to be refrigerated? Yes No

Prescribing Physician Name: _____

(please print)

Phone Number: _____

Prescribing Physician Signature: _____

Date: _____

To be filled out by parent or guardian:

Our staff do their best to ensure that campers take their medication at the scheduled time. However, there may be situations that arise where a camper may miss their scheduled time. If this happens, what action(s) would you like the staff to take? (i.e., call you, give at first opportunity, etc.)

This form must be filled out completely and returned to the Executive Director or Director of Recreation before any medications are dispensed to your camper. Staff will not dispense any medications that are invasive (i.e., injections, suppositories, etc.) except for emergency Epi-Pens. Medications not collected on the last day of camp will be destroyed.

I hereby give permission to the Hodgkins Park District to allow a member of the Day Camp staff to administer the above prescribed medication.

Parent/Guardian Signature: _____

Date: _____

(18 years or older or Parent/Guardian)



HODGKINS PARK DISTRICT PICK-UP AUTHROIZATION FORM

This pick-up form is used to protect your child from being picked up by unauthorized individuals. Please list up to 3 individuals that you authorize to pick up your child from camp. If you need to authorize an additional individual to pick up your child from camp, please notify the Executive Director or Director of Recreation prior to the scheduled pick-up.

Name: _____	Relationship to child: _____
Does your child know this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Relationship to child: _____
Does your child know this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Relationship to child: _____
Does your child know this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Individuals that are not listed on this sheet will not be allowed to take children out of camp. The Hodgkins Park District cannot keep any child from their parent(s) without an Order of Protection or other court notice. Should you have an Order of Protection or other court notice, please provide said documentation to the Executive Director. You will be notified if someone other than the individual(s) listed above comes to pick up your child.

I authorize the individuals listed above to pick up my child on my behalf.

Parent/Guardian Signature: _____

Date: _____

(18 years or older or Parent/Guardian)



HODGKINS PARK DISTRICT WAIVER & RELEASE

IMPORTANT INFORMATION

The Hodgkins 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 Hodgkins 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 our summer day camp 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 adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Hodgkins 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 this program/activity, 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 and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 Hodgkins Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name: _____ Date: _____

Parent/Guardian Signature: _____

(18 years or older or Parent/Guardian)



HODGKINS PARK DISTRICT SUMMER CAMP FIELD TRIP WAIVER & RELEASE

IMPORTANT INFORMATION

The Hodgkins 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 Hodgkins 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 our summer day camp and all field trips associated with our summer day camp must recognize that there is an inherent risk of injury arising out of any field trips.

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.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any summer day camp field trip. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to acts of God, inclement weather, slips and falls, inadequate or defective equipment, inadequate supervision or instruction, premises defects, carelessness, horseplay, vehicle accidents and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Hodgkins 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 field trips associated with our summer day camp, 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 summer camp field trips (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants at summer camp field trips, 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 summer camp field trips against the Hodgkins Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "the Hodgkins Park District").

I do hereby fully release and forever discharge the Hodgkins 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 summer camp field trips.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name: _____ Date: _____

Parent/Guardian Signature: _____

(18 years or older or Parent/Guardian)

**PARTICIPATION WILL BE DENIED IF PARENT/GUARDIAN
SIGNATURE AND DATE ARE NOT ON THIS WAIVER.**



HODGKINS PARK DISTRICT

FIRST AID & EMERGENCY CARE AUTHORIZATION AND CONSENT

I hereby authorize and give my consent to the Hodgkins Park District staff to provide first aid deemed necessary for my child. In the event of an emergency in which I cannot be reached, I hereby authorize the physician above, and the local hospital to provide any emergency care deemed necessary for my child.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

PLEASE PRINT

Participant's Name: _____ **Date:** _____

Parent/Guardian Signature: _____

(18 years or older or Parent/Guardian)

HODGKINS PARK DISTRICT

PHOTO & VIDEO AUTHORIZATION, CONSENT, AND RELEASE

I hereby authorize and give my consent to the Hodgkins Park District to photograph/video my child/ward, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of the Hodgkins Park District, without consideration of any kind. Such productions may be copied, copyrighted, edited, and distributed by the Hodgkins Park District in the manner described above.

I understand that my child's/ward's name, likeness, or voice may be used in the manner described above, and grant the Hodgkins Park District the right to use and reuse, in any manner at all, the video, motion picture, audio recording, Web page, or still photograph productions, and broadcasts as described above.

I hereby forever release and discharge the Hodgkins Park District from any and all claims, actions and demands arising out of or in connection with the use of said video, motion picture, audio recording, Web page, or still photograph, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licenses, and legal representatives of the Hodgkins Park District, as well as the party(ies) for whom the Hodgkins Park District took the video, motion picture, audio recording, Web page or still photograph.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

PLEASE PRINT

Participant's Name: _____ **Date:** _____

Parent/Guardian Signature: _____

(18 years or older or Parent/Guardian)

