DAY CAMP EMERGENCY INFORMATION

Circle the camp & days you are selecting 5 days (M thru F) or 3 days (M/W/F)

CAMPER #1 Name:_____**Grade entering in Fall 2016**_____

Male ☐ Female ☐

camp/grade	Before Camp		Buddies/1 to 2		Voyagers/3 to 4		Adventurers/5 to 7		Summer Pals	
Session 1	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day
Session 2	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day

1. Is your child a swimmer? Yes_____ No_____
2. Does your child take any medication (over the counter or prescribed)? Yes_____ No_____
   If yes, please specify: _____
   (Medication Form must be completed if being administered at camp.)
3. Does your child have allergies? Yes_____ No_____
   If yes, please list: _____
4. T-shirt size Child sizes **not** available for Adventurers (CIRCLE SIZE)
   (T-shirt sizes are not guaranteed after May 1)
   Child: S (6/8) M (10/12) L (14/16) **OR** Adult: S M L XL XXL

CAMPER #2 Name:_____**Grade entering in Fall 2016**_____

Male ☐ Female ☐

camp / grade	Before Camp		Buddies / 1 to 2		Voyagers / 3 to 4		Adventurers / 5 to 7		Summer Pals	
Session 1	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day
Session 2	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day	5 day	3 day

1. Is your child a swimmer? Yes_____ No_____
2. Does your child take any medication (over the counter or prescribed)? Yes_____ No_____
   If yes, please specify: _____
   (Medication Form must be completed if being administered at camp.)
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4. T-shirt size Child sizes **not** available for Adventurers (CIRCLE SIZE)
   (T-shirt sizes are not guaranteed after May 1)
   Child: S (6/8) M (10/12) L (14/16) **OR** Adult: S M L XL XXL

Camper's Home Address:_____

Father/Guardian's Name:_____ Mother's Name:_____

Home#: _____ Cell#: _____ Home#: _____ Cell#: _____

Business#: _____ Business#: _____

If we need to contact you during Day Camp hours, who should be contacted first? (CIRCLE ONE)

Father Mother Guardian

In case of emergency, if parental contact is not made, please call:

Name & Relationship:_____ Phone:( )_____

Name & Relationship:_____ Phone:( )_____

I give permission for my child to be transported on the bus for scheduled swim days to Centennial Aquatic Center and field trip destinations to be announced. If I cannot be reached or there is insufficient time to contact me, I give my consent to the Village of Orland Park Recreation and Parks Department in the event of any accident or emergency to seek and procure whatever emergency care or treatment deemed reasonably necessary at the time. I agree to the permission stated, and agree to pay medical bills arising from such treatment. My child and I agree to read the Day Camp Procedures and Discipline Policy available upon registration. We understand and agree to abide by them, plus acknowledge that the appropriate consequences will be implemented if necessary.

Parent/Guardian Signature: _____Date:_____Staff Initial: _____

RECREATION REGISTRATION FORM

Register by mail, email, fax or in person: Recreation Administration Office, 14600 Ravinia Ave., Orland Park IL 60462, (fax) 708-403-6274, or Sportsplex, 11351 W. 159th St., Orland Park IL 60467, (fax) 708-364-7234, or Email: OrlandRecreation@orlandpark.org

Questions? Call 708-403-PARK(7275) or 708-645-PLAY(7529).

1 FAMILY INFORMATION

Family Last Name:	Home Phone: ( )
Address:	Work Phone: ( )
City, State:	Cell Phone: ( )
Zip Code: Email Address:	

Americans with Disabilities Act - Request for ADA modifications or assistance at a program.

Yes, _____ needs modifications. New Participant? Yes ⬭ No ⬭

(Name of participant requiring special accommodations)

A staff member will contact you to make necessary arrangements.

2 REGISTRATION

Program Number	Program Name	Participant's First and Last Name	Birth Date	Grade	Age*	Sex	Fee

A certified county birth certificate is required to be on file for all participants 5 years & under before registration will be accepted.

3 WAIVER

Please read this form carefully and be aware that in registering for and participating in the above program, or any other program you verbally agree to transfer into, you will be waiving and releasing all claims for injuries that you or the above participants may sustain while participating in the programs. As a participant, parent, or legal guardian of a participant in the above-named activity and/or program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the above participant(s) may sustain as a result of participating in any and all activities with or associated with such program, including any risks inherent in out-of-state and/or air travel. I do further agree to indemnify, hold harmless, defend and covenant not to sue the Village of Orland Park and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and loss sustained by me or the above participants and arising out of, connected with, or in any way associated with the activity and/or my participation in the program.

I permit and hereby give my consent to the taking of photos, audio and video tapes of me or my likeness during Recreation & Parks Department activities for publication and use as the department deems necessary. To participate in Village of Orland Park Recreation & Parks department programs, all persons ages eighteen and older are required to sign the Waiver and Release of All Claims Form. I have read and fully understand the refund policy located in the registration information section. I agree to waive and relinquish all claims that I, or the above participants, may have as a result of participating in the programs against the Village of Orland Park and its officers, agents, servants and employees. I do hereby fully release and discharge the village and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I, or the above participants, may have or which may occur to me (us) as a result of participation in a program.

I understand and acknowledge that the village is not responsible for and assumes no liability for the dispensing or administering of any medication to the participant. I hereby fully release and discharge the Village of Orland Park, its officers, agents, servants and employees from any and all liability with respect thereto, and accept full responsibility for the dispensing and administering of any medication which may or may not be vital to the participant's health and well-being. By signing below, as the legal guardian of a disabled adult participant(s), I hereby expressly represent and certify of the Village of Orland Park that I am the legal guardian of the above-named participant(s) and that I have determined that it is in the best interests of such person(s) to participate in the program and to waive and relinquish all claims for injuries that I, or the above-named participant(s) may have arising out of, connected with, or in any way associated with the program. I have read and fully understand the above Program Registration Information, policies and waiver, releasing the Village of Orland Park of all claims.

X _____ **X** _____ Date _____

Mandatory signature(s) of each participant, 18 & over, parent or legal guardian of minor or disabled adult

4 PAYMENT

Amount of Payment: $	Check #:	Payable to: **VILLAGE OF ORLAND PARK**		
Credit Used:	Cash	Visa	MC	Discover
Card Number:		Exp. Date:		
Card Holder Name:				
Authorized Signature:				
I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement.				

Payment plans are accepted for Preschool,Young Achievers, Day Camp, Dance Company and select noted classes.

☐ I am choosing the optional payment plan and hereby authorize the Village of Orland Park to charge the payment plan to the above named credit card. Payments made by cash or check will still be accepted prior to the scheduled date. Any payments not made prior to the schedule date will be charged to the above named credit card. A $25 service fee will be assessed for all declined credit cards. I agree to pay the amount charged to my charge card in accordance to payment plan and card issuer agreement. _____ (initial)

LIVE LAUGH PLAY
ORLANDPARK
recreation department

Orland Park Recreation

OrlandParkFun

OrlandParkRec

708-403-PARK (7275)
708-645-PLAY (7529)
www.OrlandPark.org

Office Use Only	
Date:	Initials:
R NR M DL I	