



# 2022 SUMMER CAMP REGISTRATION FORM

(Circle ALL that apply - ONE FORM PER CHILD)

Sunshine - I II III Partly Sunny - I II III Fun in the Sun - I II III  
 Teen Camp - I II III Tot Camp - I II III

Camper Last Name: \_\_\_\_\_ Camper First Name: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Fall '22 Grade: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of emergency, please list the numbers, in order, to call.

Name of Contact	Phone Number	Relationship to Child

-Please list the name(s) of anyone who CANNOT pick up your child \_\_\_\_\_

-Allergies/Health Condition(s): \_\_\_\_\_

-Will your child be on medication during camp? YES NO If yes, Permission to Dispense Medication Form Required

-The Salt Creek Park District complies with the Americans with Disabilities Act (ADA), which prohibits discrimination in the provision of programs, services or activities to individuals with disabilities. We welcome individuals with disabilities into our programs and invite you to contact our staff upon registration so that a smooth inclusion process may occur for any child with a disability. Please note any information that may be helpful for us to provide you with necessary accommodations: \_\_\_\_\_

-Would you like our staff to contact you about providing an ADA inclusion staff member? YES NO

-1 t-shirt is provided, please select size (please circle one) Youth: XS S M L or Adult: S M L XL

-Would you like to purchase an additional t-shirt for \$5.00 (please circle one) Yes No

-VIDEO PERMISSION: All campers have the option to watch G or PG movies depending on parents' permissions.

-I GIVE MY CHILD PERMISSION TO WATCH: (Circle all that apply): G rated movies PG rated movies PG13 rated movies

-Do we have your permission to include your child in photographs, videos and/or social media? YES NO

## Waiver and Release of All Claims and Assumption of Risk/Photo Release

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Salt Creek Rural Park District's program(s), you will be waiving any and all claims you or your minor child/ward might sustain as a result of participating in any and all activities at any facility connected with and associated with this program/activity (including transportation services 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 do hereby fully release and forever discharge the Salt Creek Rural Park District, its officers, agents, servants and employees from any and all claims for injuries, damages, or loss that may occur due to the participation of myself or my minor child/ward in any Salt Creek Rural Park District Program(s). I further agree to defend, indemnify and hold harmless the park district, its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained or arising out of, connected with or in any way associated with the activities of any program(s) that myself or my minor child/ward participated in. In the case of an emergency, I authorize Salt Creek Park District to obtain the necessary medical attention for my minor child/ward.

I understand that photos and videos are periodically taken of people participating in Salt Creek Park District programs and activities and I agree that any photograph or video taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purposes including its electronic and social media, videos, brochures, flyers and other publications without additional prior notice, permission or compensation to the participant.

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

X \_\_\_\_\_  
 Signature of Parent or Guardian

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

## 2022 SUMMER CAMP REGISTRATION FORM (one form per child)

CAMPER LAST NAME \_\_\_\_\_ CAMPER FIRST NAME \_\_\_\_\_

**NOTE: ALL FIRST SESSION MUST BE PAID IN FULL AT TIME OF REGISTRATION. ADDITIONAL SESSIONS MAY BE RESERVED WITH A \$25 NON-REFUNDABLE DEPOSIT PER SESSION (not applied toward full amount)**

**SESSION II MUST BE PAID IN FULL BY May 2nd. SESSION III MUST BE PAID IN FULL BY June 1<sup>st</sup>.**

Circle all applicable code(s)	Camp	Dates	Day	Time	Fee	Total Due	Total Paid	Office Use Only
202200-01	Camp Sunshine I	6/6-6/24	M-F	9:00am - 3:30pm	\$367NR/\$337R			
202200-02	Camp Sunshine II	*6/27-7/15	M-F	9:00am - 3:30pm	\$353NR/\$323R			
202200-03	Camp Sunshine III	7/18-8/5	M-F	9:00am - 3:30pm	\$367NR/\$337R			
202500-01	Partly Sunny I	6/6-6/24	M/W/F	9:00am - 3:30pm	\$250NR/\$223R			
202500-02	Partly Sunny II	*6/27-7/15	M/W/F	9:00am - 3:30pm	\$240NR/\$213R			
202500-03	Partly Sunny III	7/18-8/5	M/W/F	9:00am - 3:30pm	\$250NR/\$223R			
202300-01	Fun in the Sun I	6/7-6/23	T/Th	9:00am - 3:30pm	\$199NR/\$163R			
202300-02	Fun in the Sun II	6/28-7/14	T/Th	9:00am - 3:30pm	\$199NR/\$163R			
202300-03	Fun in the Sun III	7/19-8/4	T/Th	9:00am - 3:30pm	\$199NR/\$163R			
202400-01	Teen Camp I	6/6-6/24	M/W/F	9:00am - 3:30pm	\$250NR/\$223R			
202400-03	Teen Camp II	*6/27-7/15	M/W/F	9:00am - 3:30pm	\$240NR/\$213R			
202400-05	Teen Camp III	7/18-8/5	M/W/F	9:00am - 3:30pm	\$250NR/\$223R			
202400-02	Teen Camp I	6/7-6/23	T/Th	9:00am - 3:30pm	\$199NR/\$163R			
202400-04	Teen Camp II	6/28-7/14	T/Th	9:00am - 3:30pm	\$199NR/\$163R			
202400-06	Teen Camp III	7/19-8/4	T/Th	9:00am - 3:30pm	\$199NR/\$163R			
202100-01	Tot Camp I	6/7-6/23	T/Th	9:00am - 11:30am	\$163NR/\$139R			
202100-02	Tot Camp II	6/28-7/14	T/Th	9:00am - 11:30am	\$163NR/\$139R			
202100-03	Tot Camp III	7/19-8/4	T/Th	9:00am - 11:30am	\$163NR/\$139R			

\*No Camp on July 4

Extra T-Shirt	Price \$7.00 Each	Quantity	Total

Extended hours are only available for camps listed below.

Circle All Applicable Session(s)	Circle All Applicable Time(s)				Office Use Only
Camp Sunshine I II III	7-9am	8-9 am	3:30-4:30pm	3:30-5:30pm	
	\$105	\$55	\$55	\$105	
Partly Sunny + Teen (M/W/F) I II III	7-9am	8-9 am	3:30-4:30pm	3:30-5:30pm	
	\$65	\$35	\$35	\$65	
Fun in the Sun + Teen (T/TH) I II III	7-9am	8-9 am	3:30-4:30pm	3:30-5:30pm	
	\$45	\$25	\$25	\$45	

Register at  
Rose Park (530 S. Williams Ave, Palatine, IL 60074)  
847-259-6890  
www.saltcreekpd.com

### PAYMENT METHOD

Circle One

Cash    Check    Mastercard    Visa  
Discover    American Express

Office Use: Session I    Processed by: \_\_\_\_\_

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

Office Use: Session I    Processed by: \_\_\_\_\_

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

Office Use: Session I    Processed by: \_\_\_\_\_

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



## Camp Parent Acknowledgement Form

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Please read the guidelines listed in our parent manual and then sign/initial the form below.

*One form must be filled out for each child you have attending camp.*

\_\_\_\_\_ I will make sure my child has their supplies in their backpack each day before I drop them off at camp.

\_\_\_\_\_ I will not send my child to camp if they are ill or experiencing any COVID-19 like symptoms.

\_\_\_\_\_ I have read the camp parent manual and understand the conditions and expectations of myself and my child.

Camper Name (Please Print) \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

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

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## Emergency Contact and Pick Up Form

In the event of an emergency, please list the name, numbers, and the relationship to your child of individuals you would like us to contact. List in the order that you would like us to call.

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Please list anyone with permission to pick up your child from camp (first and last names):

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Please list anyone who does not have your permission to pick up your child from camp (first and last name):

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## Permission to Dispense Medication Waiver and Release of All Claims

I \_\_\_\_\_, myself/or the parent/ guardian of \_\_\_\_\_ give permission to the staff of the Salt Creek Park District to administer medication as prescribed by my doctor to my child. I understand that this permission form will be valid until I notify Salt Creek Park District, in writing otherwise.

**I understand that is my responsibility to give the medication directly to the Salt Creek Park District staff in individual containers clearly labeled with the participant's name, name of the medicine and complete dosage instructions, and special handling instructions on the spaces provided below.**

Child's name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Emergency Phone \_\_\_\_\_  
Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_  
Time \_\_\_\_\_  
Reason for Medication \_\_\_\_\_

Dispensing & Storage \_\_\_\_\_  
Instructions \_\_\_\_\_  
Side Effects to be alerted to \_\_\_\_\_

Is it mandatory that this medication be administered during the Park District program you are registered for? YES NO

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Salt Creek Park District and its' employees, on my behalf to administer or attempt to administer to my child lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a nurse and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Park Districts and its' employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Park District, its' employees and agents either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulted from the administration or attempts at administration of said medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Child must be at least  
12 years old!**



**Salt Creek Park District  
Summer Camp  
Walk/Bike Permission Form**

I, \_\_\_\_\_ authorize my camper, \_\_\_\_\_ to walk/bike to and from camp and give them permission to sign in and out everyday. Campers will not be released until 3:30pm. I understand that in the event of inclement weather, my camper will not be released to walk/bike home and an authorized adult will have to pick my camper up. Salt Creek Park District is not responsible for you child once they sign out of camp.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date