



2025 REGISTRATION FORM – SUMMER DAY CAMP
JUNE 9- AUGUST 15 (NO CAMP JULY 4TH)



*Please call about your child's schedule every Wednesday by 5pm prior to the week they are attending.
Payments are due the Wednesday prior to the week your child is attending.
Pay at the front desk. Late Registration will result in a late fee of \$25 or more.

CAMPER INFORMATION

Date: _____

Child's Name _____
Last First Middle

Child's Birth Date ____/____/____ Age ____ Female ____ Male Grade (fall of '25) _____

Address _____ City _____ Zip _____

Home Phone: _____ Email: _____

Child's T-Shirt Size: XS(4-5) S(6-8) M(10-12) L (14-16) Adult T-shirt Size: S M L

PARENT/GUARDIAN INFORMATION

Parent 1 Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Parent 2 Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Primary Residence of the camper: _____ Both Parents _____ Mother _____ Father

Please submit any visitation or custodial concerns in writing to the Youth Coordinator prior to your child's session. Any and All Legal Documentation is a must for the safety of the participants.

EMERGENCY CONTACT/ADDITIONAL PICK-UP INFORMATION

Please list contacts other than parent. Contacts will be called in the order listed. These are the people allowed to pick up your child(ren). If they are not on this list they will NOT be allowed to take your child(ren). Everyone that picks up your child(ren) must have a photo I.D.

We will be checking I.D.'s for pick-up. Thank you.

1. Name: _____ Address: _____

Phone: _____ Relationship to Child: _____

2. Name: _____ Address: _____

Phone: _____ Relationship to Child: _____

3. Name: _____ Address: _____

Phone: _____ Relationship to Child: _____

Child's Physician: _____ Address _____ Phone: _____

Medical conditions, dietary allergies or food restrictions? _____

Is there additional information (medical or other)? (Ex: glasses, shyness, tubes in ears, etc.)

Do you consider your child a swimmer? (please circle one) yes no

Parent/Guardian Signature _____ Date _____

**WORTH PARK DISTRICT
PROGRAM WAIVER AND RELEASE**

IMPORTANT INFORMATION The Worth 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 Worth 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 this program/activity 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 is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable especially if the participant is 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 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 Worth Park District to guarantee absolute safety. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

PHOTOGRAPH PERMISSION I give permission for the Worth Park District to use any pictures of myself or child for promotional purposes.

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 the 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, 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 Worth 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.

Participant's Name: _____

Parent/ Guardian Signature: _____ **Date:** _____

Participation Will Be Denied if the signature of parent/guardian and date are not on this waiver.

***For more information on payment options or program information contact the Terrace Centre at 708-448-7080. Registration forms can be sent to the address above or by email to credenbaugh@worthparkdistrict.org**

**Extremely Important - All Participants MUST be Potty Trained.
There are NO Exceptions to this Rule**

-----**For Office Use Only**-----

Filled out Calendar Schedule	Received Parent Handbook	Payment for week(s) of	Fee

CASH **CHARGE** **CHECK#** _____ **Office Initial** _____