



Village of University Park  
Parks and Recreation Department

# SUMMER DAY CAMP



**WHEN SCHOOL IS OUT,  
CAMP IS IN!**

Keep your 5-13 year old child busy this summer!!

University Park Riegel Farm Summer Day Camp offers activities, get up aerobics, sports, field trips, swimming, free healthy lunches and camp shirt.

SESSION	DATES	TIMES	RESIDENTS/NON-RESIDENTS	AFTER JUNE 11
ONE	JUNE 12-JULY 7, 2017	9:00 A.M.	\$350.00 RESIDENTS	\$360.00 RESIDENTS
		3:30 P.M.	\$375.00 NON-RESIDENTS	\$385.00 NON-RESIDENTS
TWO	JULY 10-AUGUST 4, 2017	9:00 A.M.	\$350.00 RESIDENTS	\$360.00 RESIDENTS
		3:30 P.M.	\$375.00 NON-RESIDENTS	\$385.00 NON-RESIDENTS

## Aftercare

**3:30PM TO 6:00PM**

**\$35.00 Per Week**

**(A SNACK WILL BE PROVIDED)**

Registration/payment should be made out to: Village of University Park  
All payments should be made at/or mailed to: Village of University Park, Village Hall,  
698 Burnham Drive, University Park, Illinois 60484

# REGISTRATION BEGINS NOW

For more information contact:  
Mrs. Childress at 708-534-4837 or 708-473-8165  
Mrs. Hampton at 708-367-4712  
Mrs. Jenkins at 708-921-4383

## **TABLE OF CONTENTS**

Page 1	Camper Information
Page 2	Camp Payment Information
Page 3	Application
Page 4	Waiver and Release Form
Page 5	Medical Form
Page 6	Camp Dismissal Form
Page 7	Field Trip/Photograph Permission Form/Statement of Parent/Guardian

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**Remember: Please send back all information requested by the day camp. This information is VERY important. Forms must be completed before your child can attend camp.**

**TURN IN PAGES 3, 4, 5, 6 AND 7**

# **CAMP INFORMATION**

Thank you for allowing your child to attend an adventure of a lifetime here at Riegel Farm Day Camp. We look forward to everyone having a great summer. Our camp offers field trips, swimming, crafts, sports, and games. In addition, there are always educational enrichment opportunities to challenge those explorative minds. Kids will enjoy use of our softball fields, football fields, basketball courts. The camp is geared toward children in Kindergarten- 8<sup>th</sup> grade. We will accept 4 years olds if they are comfortable in all day setting.

## **Camp Sessions: Monday-Friday 9:00 a.m. -3:30 p.m.**

<b>SESSION</b>	<b>DATES</b>	<b>TIMES</b>	<b>RESIDENTS/NON-RESIDENTS</b>	<b>AFTER JUNE 11</b>
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### **Daily Schedule**

9:00-9:30 a.m. Check in time  
 9:30-10:00 a.m. Sharing time  
 10:00-11:00 a.m. Activity (crafts or movie time) bring snacks on swim days  
 11:00-1:00 p.m. Swimming (2 to 3 days per week)  
 1:00-1:30 p.m. Lunch **(included with fee)**  
 1:30-2:30 p.m. Library/nature activity/sports/arts and crafts  
 2:30-3:30 p.m. Fun time

- Lunch is provided, unless noted on weekly schedule
- You are responsible for sending money on field trip and/or swim days.
- Children must be picked up by 3:30 p.m. & you will be charged a \$5.00 fee.
- Session payment must be paid two weeks before the session begins.
- In case of illness or absence, please call **708-534-6456 or 708-534-4837** before 9:00 a.m.

# Camp Payment Information

## New!

Payments can be made on line at [www.university-park-il.com](http://www.university-park-il.com). This service is provided by E-pay. Simple click online payment on the left ----miscellaneous payment---- type of activity (Summer Day Camp) Please bring a copy of your receipt.

Credit Card payment must be made a Village Hall. We accept: Visa, MasterCard, American Express & Discover. Make checks and/or money orders payable to: **The Village of University Park**. Please add Summer Day Camp in your memo line.

Mail/Receive Payments: Attn: Riegel Farm Summer Day Camp  
Village of University Park, 698 Burnham Drive, University Park, IL. 60484

## Session Fees

*\$25.00 Non Refundable Deposit is required*

Session I	\$350.00 per camper/resident	\$375.00 per camper/non-resident
After June 11	\$360.00 per camper/resident	\$385.00 per camper/non-resident
Session II	\$350.00 per camper/resident	\$375.00 per camper/non-resident
After July 9	\$360.00 per camper/resident	\$385.00 per camper/non-resident

**Our Summer Camp Program is a Recreational Program. Summer Camp cannot be claimed on income tax returns.**

## **AFTER CAMP CARE PARENT INFORMATION SHEET**

The hours and fees are as follows:

MONDAY THROUGH FRIDAY      3:30 p.m.-6:00 p.m.

After 6:00 p.m., you will be charged a late fee. The fee is \$1.00 per minute that you are late. This must be paid before your child/children will be able to attend the before or after care the following week. If you have not arrived by 6:30 p.m., and have not called, the police department will be notified.

Parent or authorized adult must sign child in and out. Child will not be released to anyone except parent, legal guardian or authorized person.

For your child's safety, as well as our staff, please make sure that you list ALL persons who may be picking up your child or notify us of any changes. We will put them on file at the Parks and Recreation Department. Staff may ask for photo identification from these persons.

This program is not incorporated into the Regular Day Camp. A **\$35.00** fee is due every Friday and if this fee is not paid on Fridays, your child will not be able to attend the before or after care program. **NO REFUNDS.**

**DAY CAMP APPLICATION  
(ONE CAMPER PER FORM)**

SESSION      ONE                                      TWO                                      ALL                                      (PLEASE CIRCLE)

FULL NAME OF CAMPER\_\_\_\_\_

NICKNAME IF ANY\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ST\_\_\_\_\_ZIP CODE\_\_\_\_\_

HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_DAY TELEPHONE (\_\_\_\_) \_\_\_\_\_

CHILD SIZE: S M L      ADULT SIZE: S M L XL      DATE OF BIRTH\_\_\_\_\_AGE\_\_\_\_\_

PREVIOUS DAY CAMP EXPERIENCE: YES or NO

IF YES, WHEN AND WHERE? \_\_\_\_\_

**PRIMARY EMERGENCY PERSON:**

EMERGENCY NAME\_\_\_\_\_

EMERGENCY ADDRESS\_\_\_\_\_

EMERGENCY TELEPHONE  
NUMBER\_\_\_\_\_

MOTHER'S GUARDIAN DAYTIME  
NUMBER\_\_\_\_\_

FATHER'S GUARDIAN DAYTIME  
NUMBER\_\_\_\_\_

**SECONDARY EMERGENCY PERSON:**

EMERGENCY NAME\_\_\_\_\_

EMERGENCY ADDRESS\_\_\_\_\_

EMERGENCY TELEPHONE NUMBER\_\_\_\_\_

I release the Village of University Park, its officers, employees, and representative of all claims, which may arise, from my child/children participating with the University Park-Riegel Farm Day Camp.

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

\_\_\_\_\_  
Date

## Waiver and Release of all Claims for Park and Recreation Programs

**WAIVER AND RELEASE OF ALL CLAIMS:** I have read this form carefully, and are aware that by registering and participating in, or registering my minor child for and allowing his or her participating in the Programs (hereinafter referred to as the "program"). I am WAIVING and RELEASING all claims for myself and my minor child arising out of such registration and participation. In consideration of the Village of University Park (the "Village") accepting me and/or my minor child as a participant in the Program, I hereby agree as follows:

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OR INJURY AND LOSS:** I recognize and acknowledge that the Program involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss and of all expenses, costs, damages and losses that I, or my minor child on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the Program.

**WAIVER AND RELEASE OF CLAIMS:** I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, and liabilities of every kind, known and unknown, present and future, that I, or my minor child on whose behalf I am signing, may have against the Village and its officers, agents, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Program of my minor child participating herein.

**INDEMNITY AND DEFENSE:** I hereby further agree to indemnify and hold harmless and defend the Village and its officers, agents, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my or my minor child participation in the Program.

**EMERGENCY CARE:** In the event of an emergency, I authorize the Village to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child immediate care and agree that I will be responsible for payment for any all such treatment rendered.

I have read and reviewed the terms on the waiver and release page of this document, and I am voluntarily signing it on behalf of my child \_\_\_\_\_, in my capacity as parent or legal guardian. By signing below, I am agreeing on behalf of my child to be bound along with my child by all terms and conditions of this Agreement as set forth.

I release the Village of University Park, its officer's employees, and representative's all claims, which may arise, from my child/children participation with the University Park-Riegel Farm Day Camp.

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

\_\_\_\_\_  
Date

**MEDICAL FORM  
(ONE PER CAMPER)**

INSURANCE COMPANY \_\_\_\_\_

GROUP# \_\_\_\_\_ CERTIFICATE# \_\_\_\_\_

PRIMARY INSURED \_\_\_\_\_

MEDICARD# \_\_\_\_\_ OTHER \_\_\_\_\_

DATE OF LAST COMPLETE PHYSICAL \_\_\_\_\_

Does participant need medication at camp Yes or No, if yes please list: \_\_\_\_\_

LIST ALLERGLIES, FOOD TO VOID, CHLORINE AND ANIMALS?

Yes or No, if yes, please list: \_\_\_\_\_

IN CASE OF ILLNESS, WHO SHOULD THE CAMP CALL? \_\_\_\_\_

\_\_\_\_\_  
NAME ( )  
PHONE

Who will be responsible for picking up your child if you cannot?

\_\_\_\_\_  
NAME ( ) PHONE RELATIONSHIP TO CHILD

ARE THERE ANY SPECIAL CIRCUMSTANCES OR BEHAVIOR THE RECREATION DEPARTMENT SHOULD BE AWARE OF?

\_\_\_\_\_  
OTHER SPECIAL CONSIDERATIONS \_\_\_\_\_

**EMERGENCY CARE:** In the event of an emergency, I authorize the Village to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child immediate care and agree that I will be responsible for payment for any/all such treatment rendered. I also understand any medications, prescriptions, over the counter medications brought to day camp must be turned over to the staff in their original containers before departure.

\_\_\_\_\_  
Parent/Guardian Signature Date

**CAMP DISMISSAL FORM  
(ONE PER CAMPER)**

It is extremely important for all campers to be picked up on time. Campers must be picked up by 3:30 p.m. **SHARP**

My child/children:

- (a) Walk to and from camp
- (b) Will ride bicycle to and from camp **(All bikes must have secured locks)**
- (c) Responsible person will drop off and pick up my child from camp
- (d) Other

In case of rain, my child/children will:

- (a) Walk home                      (b) Be picked up by                      (c) Ride bike

I understand that in the event my child/children has to leave the camp earlier than normal dismissal time, I must send a written note and call the Recreation Department. I also understand that my child/children will not be released to anyone under the age of 18 without written consent from parent or guardian and a call from responsible person.

In case of emergency, if I am not able to pick up my child/children I authorize the following adults to do so:

- |               |                        |
|---------------|------------------------|
| 1. Name _____ | Telephone (____) _____ |
| 2. Name _____ | Telephone (____) _____ |
| 3. Name _____ | Telephone (____) _____ |
| 4. Name _____ | Telephone (____) _____ |



**2017 Summer Camp Field Trip Permission Slip  
(ONE PER CAMPER)**

*\*Signature of this form gives permission for all 2017 Summer Field Trips*

I release the Village of University Park, its officers, employees, and representative of all claims, which may arise, from my child/children participation with the University Park-Riegel Farm Day Camp field trips and swim days.

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

\_\_\_\_\_  
Date

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**PHOTOGRAPHY AND INTERNET POLICY**

Our staff may take pictures during day camp for the local newspaper or use them for marketing, and promotional materials for our department.

\_\_\_\_\_ Yes, my child can be photographed by staff for the newspaper or internet.

\_\_\_\_\_ No, I object to my child being photographed by staff for the newspaper or internet.

\_\_\_\_\_  
Parent or Guardian's Signature

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**STATEMENT OF PARENT OR GUARDIAN:**

**I have read and answered the above questions in this registration packet to the best of my knowledge. I understand that if any information I have provided is found to be false, my child may be removed from this program with NO REFUND.**