



Camp Registration Form

additional information forms available at hfparks.com

FOR OFFICE USE ONLY

Date rec'd _____

Initials _____

HH _____

Program (please check all that apply)

- Camp Fantastic Club Kindergarten SG Juniors SG Seniors SG Masters Sports Academy Fine Arts
- Community Kids HOBO Jungle Before Camp After Camp Irons Oaks Other _____

Child's Last Name _____ Child's First Name _____ Birth date _____

Grade in the fall _____ School Name _____ Camp Name _____

Street Address _____ City _____ Zip _____

Mother's Last Name _____ Mother's First Name _____ Phone Number _____

Mother's Place of Work _____ City _____ Alternative Number _____

Father's Last Name _____ Father's First Name _____ Phone Number _____

Father's Place of Work _____ City _____ Alternative Number _____

Email _____

Is your child presently on any medication? no yes If yes, please complete Medical Information Form
 Does your child have any allergies? no yes If yes, please list: _____

The information listed on this form can be used for an additional, same household child listed below:

Additional Child's Last Name _____ Additional Child's First Name _____ Birth date _____

Grade in the fall _____ School Name _____ Camp Name _____

Is your child presently on any medication? no yes If yes, please complete Medical Information Form
 Does your child have any allergies? no yes If yes, please list: _____

Does your child(ren) need special accommodations? no yes

HFPD Policies: I have read and agree with the HFPD Rules and Guidelines Agreement **AND** the HFPD Camp Policies (available online at hfparks.com or at the Goldberg or Irwin Center)

Parent Signature _____ Date _____

Child's Name/Signature _____ Date _____

Additional Child's Name/Signature _____ Date _____

EMERGENCY RELEASE FORM

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.

Child's Name _____ Program _____

Additional Child's Name _____ Program _____

I, the child's parent, have authorized, in advance, all emergency treatment. _____
Parent Signature

To CASHIER:

Please accept our insurance: _____ or bill us:

Street Address _____ City _____ Zip _____

Phone Number _____ Alternative Number _____

Parent's Name _____ Parent's Signature _____ Date _____

Family Physician's Name _____ Phone Number _____

If paramedics have a choice, which hospital would you **prefer** your child receive treatment: _____

PROGRAM RELEASE INFORMATION

I, _____, parent/guardian of _____ will drop off and pick up my child from this program. In the event that I am unable to do so, I give authorization for the individuals listed below to pick up my child. These individuals are the only people with whom my child is allowed to leave with from the Park District activity. **I understand that any changes to this list must be made in advance and in writing to the Homewood-Flossmoor Park District staff.**

Individual's Name _____ Phone Number _____ Alternative Phone Number _____

Individual's Name _____ Phone Number _____ Alternative Phone Number _____

Individual's Name _____ Phone Number _____ Alternative Phone Number _____

PROGRAM RELEASE INFORMATION

I, _____, parent/guardian of _____ give authorization for my child to arrive or leave camp in the following ways: o walk o bike

I understand that any changes to this list must be made in advance and in writing to the Homewood-Flossmoor Park District staff.

Parent/Guardian Signature _____ Date _____

**ENVIRONMENTAL EDUCATION
& COMMUNITY PROGRAM WAIVER**
Additional information available at ironsoaks.com



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The Homewood-Flossmoor Park District requires this form to be signed and returned to Irons Oaks prior to or at the start of the program. Below is the same waiver all participants sign for any H-F Park District program (sports, aquatics, leisure arts, special events, etc.)

Important Information:

Irons Oaks Environmental Learning Center is a joint operated facility of the Homewood-Flossmoor and Olympia Fields Park Districts (Park Districts). Irons Oaks is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Irons Oaks 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 are physically fit and/or skilled for the activity contemplated by this agreement. It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk:

This Teams Course and 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/program.

Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, un-sportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Irons Oaks Environmental Learning Center to guarantee absolute safety.

Waiver & Release of All Claims & Assumption of Risk:

Please read this form carefully and be aware that in signing up and participating in this 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/vehicle operation, 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 and my family 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 field trip against the Homewood-Flossmoor and Olympia Fields Park Districts, including its officials, agents, volunteers and employees (hereinafter collectively referred as the "Park Districts").

I and my family do hereby fully release and forever discharge the Park Districts 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 this field trip.

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

PARTICIPATION WILL BE DENIED if the signature of the adult participant or parent/guardian and date are not on the waiver or waiver has been modified.

Participant's Name

Date

Participant/Parent/Guardian Signature

Date