

SCHOOL'S OUT DAYS 2016/2017

Campers Last Name:

Parent/Guardian Last Name: _____ First Name: _____

Email : _____ Parent Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Wireless Provider (Verizon, etc.) _____

Name Child #1 _____
 Birth Date: _____ M or F Age: _____

Name Child #2 _____
 Birth Date: _____ M or F Age: _____

Date	\$35 per day 7am - 6pm	ID # Circle Applicable
Oct 7	Friday - Columbus Day Holiday	6462
Oct 10	Monday— Columbus Day Holiday	6463
Nov 8	Tuesday— Teacher Institute Day	6464
Nov 11	Friday— Veterans Day	6465
Nov 23	Wednesday—Thanksgiving	6466
Dec 21	Wednesday—Winter Wonderland I	6467
Dec 22	Thursday—Winter Wonderland II	6468
Dec 23	Friday—Winter Wonderland III	6474
Dec 27	Tuesday—Christmas Break I	6475
Dec 28	Wednesday—Christmas Break II	6476
Dec 29	Thursday—Christmas Break III	6477
Dec 30	Friday—Christmas Break IV	6478
Jan 3	Tuesday—Christmas Break V	6479
Jan 4	Wednesday—Teacher Institute	6480

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Jan 3	Tuesday—Christmas Break V	6479
Jan 4	Wednesday—Teacher Institute	6480

Name Child #3 _____
 Birth Date: _____ M or F Age: _____

Date	\$35 per day 7am - 6pm	ID # Circle Applicable
Oct 7	Friday - Columbus Day Holiday	6462
Oct 10	Monday— Columbus Day Holiday	6463
Nov 8	Tuesday— Teacher Institute Day	6464
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Dec 30	Friday—Christmas Break IV	6478
Jan 3	Tuesday—Christmas Break V	6479
Jan 4	Wednesday—Teacher Institute	6480

Payment Method: Cash: ___ Check: ___ Credit C: ___
 Circle Card type: Visa MC AMEX Disc
 Card # _____
 Exp. Date: ___/___ Security code: _____
 Amt: \$ _____ Signature: _____

Please read the following important information and initial:
Did you attend Summer Camp 2016 Yes No

IF YES YOU WILL NOT HAVE TO COMPLETE EMERGENCY DATA ON PAGE 2 Circle applicable

- ◆ **ALL** cancellations to your School's Out Days registration must be made at least 7 days in advance and must be in writing with the park office using the **Change of Camp Form (email, fax acceptable)**. No verbal changes will be honored.

Parent Initial _____

- ◆ If you do not show up to School's Out Days you are registered for and do not give us **7 DAYS NOTICE** there will be **NO REFUND**.

Parent Initial _____

- ◆ **ALL** Campers **MUST** be signed in & out by a parent/guardian **EVERYDAY**. Please make the Camp Staff aware of who will be picking your child up each week.

Parent Initial _____

- ◆ If you are late picking up your camper, a late fee will be assessed after 5-minutes and every 5-minutes thereafter at a rate of \$5.00.

Parent Initial _____

- ◆ Campers are responsible for bringing their own lunch every day.

Parent Initial _____

Please Note: We require a minimum of 10 children for camp to proceed and 20 or more for a field trip. If camp cancels you will be notified and receive a full refund.

Campers First Name (s):

IF YOUR CHILD/S ATTENDED SUMMER CAMP 2016 THEN YOU WILL NOT NEED TO COMPLETE EMERGENCY DATA

<p>Campers Last Name: _____</p>	<p>Campers First Name: _____</p>
<p>O'Fallon Parks & Recreation Waiver and Release</p> <p>The O'Fallon Parks and Recreation is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The O'Fallon Parks and Recreation 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.</p> <p>You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.</p> <p>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 can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that is impossible for the O'Fallon Parks and Recreation to guarantee absolute safety.</p> <p>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 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).</p> <p>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 O'Fallon Parks and Recreation District, including its officials, agents, volunteers and employees (hereinafter collectively referred as OPR).</p> <p>I do hereby fully release and forever discharge the OPR 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 program/activity.</p> <p>As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor (listed) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after reasonable effort has been made to reach me.</p> <p>I have read and fully understand the above important information, warning of risk, and waiver and release of all claims.</p>	
<p>PLEASE PRINT: Participants Name: _____ Signature of Parent/Guardian: _____</p> <p>Date: _____</p> <p>PARTICIPANT WILL BE DENIED IF THE SIGNATURE OF PARENT/GUARDIAN AND DATE ARE NOT ON WAIVER</p>	

<u>Emergency Data</u>	
Name Child # 1 _____	Birthdate _____
Name Child # 2 _____	Birthdate _____
Name Child #3 _____	Birthdate _____
<u>Name of Parents or Guardians:</u> _____	<u>Medical Conditions/ Allergies (foods or meds) and Treatments:</u> _____
In Home: _____	_____
Not in Home: _____	_____
Release to non-custodial parent/guardian? Yes No N/A _____	
Father's Phone/work: _____	<u>Additional Concerns:</u> _____
Father's Cell Phone: _____	_____
Mother's Phone/ Work: _____	_____
Mother's Cell Phone: _____	_____
<u>Authorized Pick-Up List (other than Parent):</u>	
Name: _____	Relationship: _____
Doctor: _____	Hospital: _____
_____	_____
_____	_____
Signature of Parent/Guardian	Date