

# FUN IN THE SUN DAY CAMP

Romeoville Recreation Department • 900 W. Romeo Rd., Romeoville, IL 60446 • (815) 886-6222 • www.romeoville.org



Please fill in all appropriate spaces and sign the back of the form. If you are a first-time registrant, you must show valid proof of residency (i.e. current utility bill, current tax bill, vehicle registration, or home purchase contract AND photo ID (state-issued ID or drivers license). Water bills are not accepted). Romeoville residents who have registered for programs within the past year may mail in their registration form along with payment. Payment is due at the time of registration.

## Head of Household Information\*

Head of Household Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_  City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_  Cell Phone (\_\_\_\_) \_\_\_\_\_

Child's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_ Children must be between the ages of 5-14 years old to participate in Summer Day Camp.

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

**\*Refunds for programs will be sent to the head of household at the above address only.**

**Please check the one weeks session(s) along with any early care and/or late care one week session(s) your child will be attending:**

	CODE	DAYS	START DATE	TIME	R-FEE	NR-FEE
<input type="checkbox"/>	18S901	M-F	JUNE 4th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S901E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S901L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S902	M-F	JUNE 11th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S902E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S902L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S903	M-F	JUNE 18th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S903E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S903L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S904	M-F	JUNE 25th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S904E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S904L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S905	M-T-Th-F	JULY 2nd	9:00 A.M. to 4:00 PM	\$86	\$129
<input type="checkbox"/>	18S905E	M-T-Th-F		7:00 A.M. to 9:00 AM	\$20	\$30
<input type="checkbox"/>	18S905L	M-T-Th-F		4:00 P.M. to 6:00 PM	\$20	\$30
<input type="checkbox"/>	18S906	M-F	JULY 9th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S906E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S906L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S907	M-F	JULY 16th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S907E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S907L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S908	M-F	JULY 23rd	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S908E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S908L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S909	M-F	JULY 30th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S909E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S909L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36
<input type="checkbox"/>	18S910	M-F	AUGUST 6th	9:00 A.M. to 4:00 PM	\$107	\$160
<input type="checkbox"/>	18S910E	M-F		7:00 A.M. to 9:00 AM	\$24	\$36
<input type="checkbox"/>	18S910L	M-F		4:00 P.M. to 6:00 PM	\$24	\$36

**For Office Use Only:**  System noted (2nd page)  Original filed  Attach copy to receipt

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## ROMEOVILLE RECREATION DEPARTMENT – PARTICIPANT AGREEMENT

**NOTE: THIS AGREEMENT MUST BE SIGNED BY ALL ADULT PARTICIPANTS AND MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN OF ANY MINOR SEEKING TO PARTICIPATE IN ANY RECREATION DEPARTMENT PROGRAMS OR ACTIVITIES.**

### WARNING OF RISK

Despite the implementation of all reasonable precautions by the Department, an unavoidable risk of serious injury will always exist when participating in any recreational activity. Not all hazards and dangers can be foreseen. Participants and parents/guardians of minor participants must understand that certain risks and hazards will be inherent to participation in that activity, including but not limited to risks and hazards associated with inclement weather, slip and falls, overexertion and fatigue, disregarding safety rules and instructions, collision with stationary objects or other participants, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating. Accordingly, the Department hereby informs all participants and parents/guardians of minor participants that it is impossible for the Romeoville Recreation Department to guarantee absolute safety for all program and activity participants.

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I acknowledge and assume the risks of property damage, accidents, injuries (including death), loss of bodily functions, disabilities, medical disorders, pain and suffering, lost income and medical expenses that arise from participation in any program or activity offered by the Department, and my use of facilities, transportation services, premises and equipment provided by the Department. I further acknowledge that the foregoing risks may arise from my own action or inaction, the actions or inaction of other program or activity participants, the conditions under which a program or activity is conducted, or from the negligent actions or inaction (including any failure to warn) of Department personnel, contractors or service providers. I also acknowledge that from time to time, the Village of Romeoville and/or the Department may take photographs of me participating in programs or activities offered by the Department for use and publication in various publications or media, including but not limited to the Village's website, Facebook account or other social media sites or accounts, department program brochures or materials, and Village or Department informational, promotional or marketing materials, and I hereby expressly grant to the Village of Romeoville and the Department the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication. In consideration of being allowed to participate in programs or activities offered by the Department, or to use facilities, transportation services, premises and equipment provided by the Department, I hereby release, waive and discharge the Village of Romeoville and its officers, officials, employees, agents, volunteers and contractors (collectively, the "Releasees") from any and all liability and all claims of any kind whether for personal injury, property damage or death, arising from participation in any activity or program offered by the Department, arising from my use of facilities, transportation services, premises and equipment provided by the Department, or arising from the use or publication by Releasees of photographs of me participating in programs or activities offered by the Department, whether or not caused by the negligence of the Releasees or any of them and further covenant that I shall not sue any of the Releasees with respect to any such liability or claims. In the event that I or anyone else nonetheless makes a claim or files suit against Releasees arising out of any of the above-described matters, I will indemnify and hold Releasees harmless of and from any and all damages or judgments and costs of litigation, including attorney fees. The provisions hereof are to be construed as broadly as possible in favor of Releasees, and this Agreement as a whole shall be governed by the laws of the State of Illinois (without reference to the conflicts of laws rules thereof). If any part of this Agreement shall be ruled invalid by a court having jurisdiction, the balance shall be enforced to the maximum possible extent. I am signing this Agreement freely and voluntarily, having read and understood it and with a full opportunity to consider its substance and with the intention of fully and unconditionally assuming the risks and releasing the liabilities as described above in this Agreement.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Participant Signature

### REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS

I am the parent or legal guardian of \_\_\_\_\_, and am registering \_\_\_\_\_ to participate in a program or activity offered by the Romeoville Recreation Department. I have read and reviewed this Agreement, and am voluntarily signing it on behalf of my child/ward \_\_\_\_\_, in my capacity as parent and legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement as set forth above, including but expressly not limited to those terms and conditions **pertaining to the taking of photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Parent/Guardian Name

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

# MEDICAL INFORMATION

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CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

If needed, which hospital would you prefer your child to be transported to? \_\_\_\_\_

Provena St. Joseph Medical Center     Silver Cross Hospital     Bolingbrook Hospital

Please list any and all allergies (medication, insect bites, food, etc.): \_\_\_\_\_

Please list any serious illness or operation your child has had: \_\_\_\_\_

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Is your child currently taking medication?  YES     NO

*If yes, please answer the following:*

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_ per \_\_\_\_\_

Date of last Tetanus Shot (year): \_\_\_\_\_

Does your child wear glasses?  YES     NO

Who currently has custody?  MOM     DAD     BOTH     OTHER: \_\_\_\_\_

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List any behavioral or general information regarding your child that you feel the instructor should know:

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Does your child have any siblings?  YES     NO

*If yes, please list how many each, including age(s):*

Brother(s): \_\_\_\_\_ Sister(s): \_\_\_\_\_

## EMERGENCY CONTACTS

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

# CHILD PICKUP POLICY

Romeoville Recreation Department • 900 W. Romeo Rd., Romeoville, IL 60446 • (815) 886-6222 • www.romeoville.org

The Romeoville Recreation Department has your child's best interest in mind at all times. Please fill out the form below authorizing the following designated person(s) to pick up your child in your absence. Only the person(s) listed below will be allowed to take your child home. In the event that you or those listed below are unable to pick up your child, please contact the Romeoville Recreation Department at 815-886-6222x 6058 to inform us of the responsible party. Or you may send in a handwritten authorization note with the responsible party for the Romeoville Recreation Department to release your child into the responsible party's care.

If your child will be walking or riding his/her bicycle to and from the Romeoville Recreation Department at anytime for Summer Day Camp, please check the following box and sign below.

My child, named below, has my permission to walk or ride his/her bicycle to and from the Romeoville Recreation Department for Summer Day Camp, and I release the Village of Romeoville from any liability once my child has left the Romeoville Recreation Department. My signature below along with the checked box gives my permission.

I, \_\_\_\_\_, give the following person(s) authorization to pick up  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_ from the Day Camp Program in my absence. \_\_\_\_\_  
CHILD'S NAME DATE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_