

DAY CAMP EMERGENCY INFORMATION

Circle the camp & days you are selecting 5 days (M thru F) or 3 days (M/W/F)

CAMPER #1

Name: _____ Grade entering in Fall 2021 _____

Male Female

Camp / Grade	Before Camp	Buddies / 1st to 2nd	Voyagers / 3rd to 4th	Adventurers / 5th to 7th	Summer Pals
Session 1	5 day 90607 3 day 90609	5 day 90595 3 day 90597	5 day 90599 3 day 90601	5 day 90603 3 day 90605	5 day 90611 3 day 90613
Session 2	5 day 90608 3 day 90610	5 day 90596 3 day 90598	5 day 90600 3 day 90602	5 day 90604 3 day 90606	5 day 90612 3 day 90614

1. Is your child a swimmer? Yes _____ No _____

2. Does your child take any medication (over the counter or prescribed)? Yes _____ No _____

If yes, please specify: _____

(Medication Form must be completed if being administered at camp.)

3. Does your child have allergies? Yes _____ No _____ If yes, please list: _____

4. T-shirt size - *Child sizes not available for Adventurers*

CIRCLE SIZE (T-shirt sizes are not guaranteed after May 1)

Child: S (6/8) M (10/12) L (14/16) OR Adult: S M L XL XXL

CAMPER #2

Name: _____ Grade entering in Fall 2021 _____

Male Female

Camp / Grade	Before Camp	Buddies / 1st to 2nd	Voyagers / 3rd to 4th	Adventurers / 5th to 7th	Summer Pals
Session 1	5 day 90607 3 day 90609	5 day 90595 3 day 90597	5 day 90599 3 day 90601	5 day 90603 3 day 90605	5 day 90611 3 day 90613
Session 2	5 day 90608 3 day 90610	5 day 90596 3 day 90598	5 day 90600 3 day 90602	5 day 90604 3 day 90606	5 day 90612 3 day 90614

1. Is your child a swimmer? Yes _____ No _____

2. Does your child take any medication (over the counter or prescribed)? Yes _____ No _____

If yes, please specify: _____

(Medication Form must be completed if being administered at camp.)

3. Does your child have allergies? Yes _____ No _____ If yes, please list: _____

4. T-shirt size - *Child sizes not available for Adventurers*

CIRCLE SIZE (T-shirt sizes are not guaranteed after May 1)

Child: S (6/8) M (10/12) L (14/16) OR Adult: S M L XL XXL

Camper's Home Address: _____

Father/Guardian's Name: _____ Mother's Name: _____

Home#: _____ Cell#: _____ Home#: _____ Cell#: _____

Business#: _____ Business#: _____

If we need to contact you during Day Camp hours, who should be contacted first? (CIRCLE ONE) Father Mother Guardian

In case of emergency, if parental contact is not made, please call:

Name & Relationship: _____ Phone: () _____

Name & Relationship: _____ Phone: () _____

I give permission for my child to be transported on the bus for scheduled swim days to Centennial Park Aquatic Center and field trip destinations to be announced. If I cannot be reached or there is insufficient time to contact me, I give my consent to the Village of Orland Park Recreation and Parks Department in the event of any accident or emergency to seek and procure whatever emergency care or treatment deemed reasonably necessary at the time. I agree to the permission stated, and agree to pay medical bills arising from such treatment. My child and I agree to read the Day Camp Procedures and Discipline Policy available upon registration. We understand and agree to abide by them, plus acknowledge that the appropriate consequences will be implemented if necessary.

Parent/Guardian Signature: _____ Date: _____ Staff Initial: _____

RECREATION REGISTRATION FORM

Register by mail, fax, email, or in person: Sportsplex, 11351 W. 159th St., Orland Park IL 60467 or Village Hall, 14700 Ravinia Ave., Orland Park, IL 60462
 FAX: 708.364.7234 | Email: OrlandRecreation@orlandpark.org | Questions? Call 708.403.5000

Family Last Name:	Primary Phone: ()	Home <input type="checkbox"/> Cell <input type="checkbox"/>
Address:	Secondary Phone: ()	Home <input type="checkbox"/> Cell <input type="checkbox"/>
City, State, Zip:	Work Phone: ()	
Email Address:	Cell Phone Carrier:	

Program Number	Program Name	Participant's First and Last Name	**ADA	Birth Date	Grade	Age	Sex	Fee

Please read this form carefully and be aware that in registering for and participating in the above program, or any other program you verbally agree to transfer into, you will be waiving and releasing all claims for injuries that you or the above participants may sustain while participating in the programs. As a participant, parent, or legal guardian of a participant in the above-named activity and/or program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the above participant(s) may sustain as a result of participating in any and all activities with or associated with such program, including any risks inherent in out-of-state and/or air travel. I do further agree to indemnify, hold harmless, defend and covenant not to sue the Village of Orland Park and its officials, agents, servants, employees and volunteers from any and all claims or legal actions resulting from injuries, including death, damages and loss sustained by me or the above participants and arising out of, connected with, or in any way associated with the activity and/or my participation in the program.

I permit and hereby give my consent to the taking of photos, audio and video tapes of me or my likeness during Recreation and Parks Department activities for publication and use as the department deems necessary. To participate in Village of Orland Park Recreation and Parks Department programs, all persons ages eighteen and older are required to sign the Waiver and Release of All Claims Form. I have read and fully understand the refund policy located in the registration information section and below.

I understand and acknowledge that the Village is not responsible for and assumes no liability for the dispensing or administering of any medication to the participant. I hereby fully release and discharge the Village of Orland Park, its officials, agents, servants, employees and volunteers from any and all liability with respect thereto, and accept full responsibility for the dispensing and administering of any medication which may or may not be vital to the participant's health and well-being. By signing below, as the legal guardian of a disabled adult participant(s), I hereby expressly represent and certify of the Village of Orland Park that I am the legal guardian of the above-named participant(s) and that I have determined that it is in the best interests of such person(s) to participate in the program and to waive and relinquish all claims for injuries that I, or the above-named participant(s) may have arising out of, connected with, or in any way associated with the program. I have read and fully understand the above Program Registration Information, policies and waiver, releasing the Village of Orland Park, its officials, agents, servants, employees, and volunteers of all claims.

X _____ X _____ Date _____
 Mandatory signature(s) of each participant, 18 & over, parent or legal guardian of minor or disabled adult

ADDITIONAL COVID-19 WAIVER

Your registration or reservation may need to be cancelled due to circumstances beyond our control. The Village of Orland Park reserves the right to cancel the reservation and/or registration for any reason, including discretionary restrictions surrounding the COVID-19 pandemic. The Village may cancel a program even if mandatory restrictions are not currently in place, if it judges in its sole discretion that holding the program would be impracticable or a risk to public health. In the event of a cancellation by the Village, reservation and/or registration fees will be fully refunded, or refunded on a prorated basis dependent upon the status of the class or rental. _____ Initial

Each program participant and/or parent of a program participant should fully and carefully consider the potential risks involved in participating in the program in light of the COVID-19 pandemic. The ultimate judgment regarding the propriety of any specific action must be made by each individual in consultation with their physician and in light of all the circumstances presented by the current pandemic. The Program will follow all applicable guidelines as to social distancing, occupancy, sanitation, etc. as fully as possible. However, the Village of Orland Park assumes no responsibility for monitoring any program or guaranteeing compliance with any relevant recommendations. Adherence to applicable guidelines will not prevent the communication of disease, including COVID-19, in every situation. Each participant assumes all liability, and agrees to hold the Village of Orland Park harmless, for any liability resulting from attendee exposure to disease causing organisms and/or objects, such as COVID-19. If the participant cannot safely participate in the program while following social distancing recommendations, the participant should not register for the program. All participants must be healthy in order to participate in and/or attend any program sponsored by the Village of Orland Park. _____ Initial

****ADA - The Village of Orland Park strives to comply with the Americans with Disabilities Act (ADA). Please note if any participant needs special assistance or accommodation to participate in programs. A staff member will contact you to make necessary arrangements.**

Yes, _____ needs assistance/modifications. New Participant? Yes No
 (Name of participant(s) requiring special accommodations)

Amount of Payment: \$	Check #:	Payable to: VILLAGE OF ORLAND PARK			
Credit Used:	Cash	Visa	MC	Discover	AmEx
Card Number:	Exp. Date:		CVV:		
Card Holder Name:					
Authorized Signature:					
I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement.					
PLEASE NOTE: Your charge will be listed on your statement as 'ACT* OP RECREATION 708-403500TX' OR 'ACT*REGISTRATION TEXAS'					

Office Use Only	
Date:	Initials:
Resident ID issued <input type="checkbox"/>	
R NR M DL I	

Payment plans are accepted for Preschool, Young Achievers, Day Camp, Dance Company and select noted classes. By completing and signing the credit card information noted above, I am choosing the optional payment plan and hereby authorize the Village of Orland Park to charge the payment plan to the above named credit card. Payments made by cash or check will still be accepted prior to the scheduled date. Any payments not made prior to the schedule date will be charged to the above named credit card. A \$25 service fee will be assessed for all declined credit cards. Failure to pay may result in additional collection costs being added to outstanding balance.

