



Harvey Park District
Administration Office
15335 S Broadway Ave.
Harvey, IL 60426
Tel:(708)331-3857 Fax: (708)893-0533
www.harveyparkdistrict.org

Date: _____

Site: _____

Phone Number: _____

SUMMER FUN SUMMER CAMP GENERAL INFORMATION/MEDICAL HISTORY FORM.

(Program Title)

(Please print all information clearly using blue or black ink)

Minor Child/ Participant Last Name		First Name		M.I
Address		City	State	Zip Code
Date of Birth	Age	Sex	Nickname	
Please list all known ALLERGIES (Use additional sheets if necessary)		Please list all current MEDICATION:		
School Name		Grade	Room #	Hobbies
School Address		City, State		Teacher Name
Is the child eligible for IPDA/DCFS payment?	Is the child covered under insurance?		Case Number / Plan Number	
Case Worker Name			Case Worker Telephone Number	
Case Worker Office Address				
Mother/ Guardian Name				
Address (if different from child's)			City/State/Zip	
Daytime Telephone	Evening Telephone		Email Address	
Father/Guardians Name				
Address (if different from child's)			City State/Zip	
Daytime Telephone	Evening Telephone		Email Address	

Emergency Contact Name	Relationship	Daytime Telephone Number

MEDICAL INFORMATION			
Minor Child Physician		City	Telephone Number
Date of last Visit/ Examination:		Results:	
Is the child under a physician's care now?		Is the child receiving any medication? (List on First Page of form)	
Has the Child ever been hospitalized?		Hospital(s):	
Hospitalization Dates		Reason	
Does your minor child have a history of difficulty with any of the following? Please Check all that apply.			
<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Anemia <input type="checkbox"/> Asthma <input type="checkbox"/> Bladder Issues <input type="checkbox"/> Bleeding (excess) <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> Abuse <input type="checkbox"/> Ear Infections <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eczema <input type="checkbox"/> Heart Problems <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hemophilia <input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Lead Poisoning <input type="checkbox"/> Liver Disease <input type="checkbox"/> Measles <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Mumps <input type="checkbox"/> Sickle Cells Anemia <input type="checkbox"/> Speech Problems <input type="checkbox"/> Thyroid <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Urinary Disease <input type="checkbox"/> Vision Problems <input type="checkbox"/> Other (list below) <hr/> <hr/> <hr/> <hr/>

Waiver, release of all claims and hold harmless agreement for the Harvey Park District Summer Fun Summer Camp
 program. (Program Title)

I hereby give permission for _____ to participate in the Harvey Park District
 (Minor/Child's Name)
Summer Fun Summer Camp program.
 (Program Title)

I have read and fully understand the brochure activities, allowing minor child to participate in the program; I recognize and acknowledge that there are certain risks of physical injury. I agree to waive and relinquish and all claims arising against the Harvey Park District as a result of participation in this program. I agree to assume the full risk of any injuries, including death, damages, or loss that I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with Summer Fun Summer Camp
 program. (Program Title)

I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury. I do hereby fully release and discharge the Harvey Park District, and any and all related parties, from any and all claims resulting from injuries, including death, damages, and losses sustained by anyone and arising out of, connected with or in any way associated with my minor child's conduct and activities of the program.

The information that I have given in this form is correct to the best of my knowledge. I understand that this information will be held in the strictest of confidence by the Harvey Park District staff and that it is my responsibility to inform park district staff of any changes in my minor child's medical status.

Print Name: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____

LIABILITY WAIVER

Family Last Name: _____ Email: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Participant (First and Last Name)	Sex	Birthday	Program Name	Start Date	Program Code	Receipt # (Office Use)	Fee (Check Session)
			Summer Camp - Session I				<input type="checkbox"/> \$250
			Summer Camp - Session II				<input type="checkbox"/> \$250

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering yourself or your minor for participating in the above program(s) you will be waiving and releasing all claims for injuries you or your minor. Ward might sustain arising out of the above program(s) including transportation services and vehicle operations, when provided. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any and all injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the programs(s) against Harvey Park District, its officers, agents, servants, and employees.

I do hereby fully release and discharge the Harvey Park District, its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my minor child/ward may have, or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Harvey Park District, its officers, servants, and employees from any and all claims resulting from injuries, damages, or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize Harvey Park District officials to secure from any licenses hospital: physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that will be responsible for payment of any and all medical service rendered.

I have read and fully understand the above program detail, Waiver and Release of Claim and Permission to secure treatment. If registering online or via fax, my online facsimile signature shall substitute for and have the same legal effect as on original form signature.

Signature of Participation 18yrs and older of Parent/Guardian

Date

EMERGENCY CONTACT

Applicant Name (print) _____
First Name

_____ Last Name

The people listed below shall be contracted in the event of an emergency or illness when the parent/guardians are not available. In addition, those listed below will be the ONLY person(s) allowed to pick-up the applicant besides the parents/guardians. Unless court ordered document be provided to show, otherwise both parents are automatically authorized to pick-up their child. Under no circumstances will a child be released to any person other than those listed below unless the Harvey Park District is given permission in writing by one of the participants parents/guardians. The staff will ask for identification from the person picking-up your child, so please make sure that every person listed below has some form of picture ID when they are retrieving your child.

Any changes must be within the first week of Parks Programs Work

Emergency Contact Name	Relationship to Applicant	Morning Phone Number	Afternoon Phone Number

If on any occasion someone other than the individuals specified on the drop-off/pick-up form must pick-up your child, or you are planning to pick your child up earlier than _____ you must send a written not with your child that must include the following instructions:

- Date of release
- Expected time of release
- Full name of approved adult
- Parent signature
- Phone number to be used to contact parent(s) for confirmation as needed.

Please call the camp office as soon as possible if something unexpected comes up that causes you not to follow your usual drop-off or pick-up schedule on a particular day.

Your signature on this form states that you understand and agree to the above drop-off and pick-up procedures:

Signature of Participant 18yrs and older or Parent/Guardian

Date

PHOTO RELEASE FORM

I _____ the parent of _____ agree to have my child/children photographed by Harvey Park District during Summer Fun Summer Camp hours, field trips, or other activities. I understand that these photographs may be used in promoting childcare activities either in print or on the internet.

With my signature below, I grant permission for my child to be photographed and their images record for print or electronic use in Summer Fun Summer Camp services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the terms of my child's enrollment. I understand that there will be no payments for me or my child's participation in this release.

Parent/Guardian Signature _____

Date: _____

Relationship to Child: _____

POLICIES

The Harvey Park District staff will implement the following rules and regulation for the safety and security of children enrolled in our programs. We require that all parents and/or guardians read, sign, and return the attached form. If you have any questions or concerns, please feel free to contact our Administrative Office at (708)331-3857.

Late Policy:

Any parent more than 10 minutes late will be charged \$5 every 10 minutes up to 20 minutes. The participant(s) will not be allowed to return until late fees are paid in full. After three incidents, the participant(s) will not be able to return to Summer Fun Summer Camp. NO EXCEPTIONS.

Signature: _____
(Participant 18yrs and older or Parent/Guardian)

Behavior Policy

THREE STRIKES. A strict behavior policy will be enforced on all participants in the attendance of the Harvey Park District Summer Fun Summer Camp program. Any Participant that continually displays disruptive and/or disrespectful behavior will be dismissed from the program.

The Park District staff or volunteers will follow the guideline listed below:

1. First Strike – verbal warning will be given to participant and parent/guardian.
2. Second Strike – written warning will be given to the participant parent/guardian.
3. Third Strike – participant will be removed from the program permanently.

All participants are required to obey program rules; they must respect and follow directions given by staff and volunteers.

Unacceptable language such as profanity, sexual or vulgar language, etc., will not be tolerated. Fighting, pushing, kicking, or any other unruly behavior will not be tolerated.

Signature: _____
(Participant 18yrs and older or Parent/Guardian)

Dress Code Policy:

All participants are required to wear appropriate attire at all times.

- a) Field Trip Day Attire: Camp Tee Shirt (summer camp only), shorts (of reasonable length) or pants, and gym shoes. No sandals or short shorts.
- b) Regular Attire: Shirt (of reasonable length), shorts (of reasonable length) or pants, and gym shoes. No sandals or short shorts.

Signature: _____
(Participant 18yrs and older or Parent/Guardian)