

Camp Wewannago Registration Form—BLUE (1-3)

Primary Phone Number: _____ Child's Last Name: _____
 Parent/Guardian Name: _____ Cell Phone #: _____
 Parent/Guardian Name: _____ Cell Phone #: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Emergency Contact Name/Phone Number: _____

Child #1:

Name: _____
 Birth Date: _____ Grade (2019-2020 School Year): _____ Gender: _____

T-Shirt Size	Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)	Adult Small	Adult Medium	Adult Large	Adult X-Large
Quantity							

Child #2:

Name: _____
 Birth Date: _____ Grade (2019-2020 School Year): _____ Gender: _____

T-Shirt Size	Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)	Adult Small	Adult Medium	Adult Large	Adult X-Large
Quantity							

Child #3:

Name: _____
 Birth Date: _____ Grade (2019-2020 School Year): _____ Gender: _____

T-Shirt Size	Youth Small (6-8)	Youth Medium (10-12)	Youth Large (14-16)	Adult Small	Adult Medium	Adult Large	Adult X-Large
Quantity							

Total Fees:

Fee Type	Fee Amount	Quantity	Total Due	Shirt Pickup
Registration Fee	\$30.00			
T-Shirt Fee	\$7.00			

Compiled Total Due:

You must sign and date waiver to participate in Park District programs.
 Please read carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s).
 I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume that full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the New Lenox Community Park District and its officers, agents, servants, and employees, and any other cooperative park district and its officers, agents, servants, and employees, as a result of participation or the participation of my child/ward in any of the program(s) and cooperative programs with other park districts. I further agree to indemnify and hold harmless and defend the park district(s) and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and loss sustained by me or by my child/ward, arising out of, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the program details and waiver and release all claims.

 Parent/Guardian Signature Date

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____ Type: _____

NEW LENOX COMMUNITY PARK DISTRICT
Camp Wewannago--BLUE (Grades 1-3)
Participant Information Form 2019

Child's Last Name: _____ First Name: _____

Birth Date: _____ 2019-2020 Grade Level: _____

Address: _____ City: _____

Primary Phone Number: _____ Secondary Number: _____

Mother's Name: _____ Father's Name: _____

Name/Phone Number of a **LOCAL** (in town) neighbor/relative to call in an emergency when a parent cannot be reached: _____

I understand that in the event of an emergency, every effort will be made by the **New Lenox Community Park District** to reach a parent first, however, if the Camp Leader determines that 911 must be called, it is the policy of the New Lenox Fire Department to transport to Silver Cross Hospital. **List any allergies/health problems your child may have; or home/custody situations (i.e. stepparent, single parent, etc.) that the Camp Leader should be aware of.**

FOR MEDICAL PURPOSES:

Doctor's Name: _____

Address/Phone Number: _____

Medical Group Name: _____ Group & Identification Number: _____

Please initial:

_____ **Field Trip Permission**—My child/children have my permission to attend all Field Trips with the New Lenox Community Park District's Camp Wewannago.

_____ **Handbook Acknowledgement**—I have acknowledged that I have received and read the Camp Wewannago Handbook and understand the rules and guidelines that are stated within.

_____ **Discipline Policy**—I have discussed the New Lenox Community Park District's rules/consequences which are stated in the Parent Handbook for the Camp Wewannago program with my child.

Three Strike Policy

Strike One: Written warning; parent signs form

Strike Two: Written warning; parent signs form; phone conference with Recreation Supervisor to discuss behavior modifications

Strike Three: Dismissed from the program; no refund given

Parent Signature: _____ Date: _____

Pick-Up Permission Form CWWG BLUE



Your child will not be released to anyone who is not on this list, without **prior written confirmation** from you.

Please note that parent/guardian names must be included.

Child's Name: _____

1. _____
NAME RELATIONSHIP

2. _____
NAME RELATIONSHIP

3. _____
NAME RELATIONSHIP

4. _____
NAME RELATIONSHIP

5. _____
NAME RELATIONSHIP

6. _____
NAME RELATIONSHIP

7. _____
NAME RELATIONSHIP

8. _____
NAME RELATIONSHIP

Camper Swim Form

CWWG BLUE



For the safety of your children, as well as the assistance in making partners on water days, the Camp Wewannago staff is requesting that you let us know the swim abilities of your child.

The colors have the following meaning:

GREEN: Good swimmer; able to go on all slides

YELLOW: Swims well; may not be able to go on all slides

RED: Not a very good swimmer; needs to stay in the zero depth area

Please circle which swim level pertains to your child:

GREEN

YELLOW

RED

Participant Name (Please Print)

Parent or Guardian Signature

Date

****Please note that the Camp Wewannago staff has the right to lower the swim level of a camper based on the swim test results from a certified lifeguard.****

Medication Form CWWG BLUE



****This must be signed even if your child does NOT require medication during camp hours****

If your son/daughter must take a medication during Camp hours, please fill out this form in its entirety.

1. Each form of medication **MUST** be in the original container from the pharmacy.
2. The container **MUST** have the **ORIGINAL PRESCRIPTION LABEL** which includes: doctor's name, patient's name, pharmacy, medication, strength, dosage and date.

Participant's Name _____

Name of medication _____

Dosage and quantity _____

Prescription number _____

Pharmacy number _____

Times to be given _____

Special instructions _____

Doctor's name _____

Date last seen by Doctor _____

I give permission for the NLCPD staff to administer medication to my son/daughter.

_____ Beginning _____ through _____
Location

Parent or Guardian Signature

Date



FlipStar Inc.

1906 Ferro Drive
New Lenox, IL 60451
815-463-5900

1697 New Lenox Road
Joliet, IL 60433
815-774-9600

flipstarasknow@gmail.com

PLEASE PRINT

Father's Name _____ Mother's Name _____ Last Name _____

Address _____ City _____ St _____ Zip _____ E-Mail _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Child's Name _____ Gender ___ DOB _____ Health Concerns _____

Child's Name _____ Gender ___ DOB _____ Health Concerns _____

Child's Name _____ Gender ___ DOB _____ Health Concerns _____

Release of Liability Waiver ~Name of child participant(s): _____

Parent Release ~ Name of Parent: _____ I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks associated with participation in gymnastics programs and activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against FlipStar Inc., along with its employees, agents, officers, and contractors, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of FlipStar Inc.

Minor Release ~ Name of Parent : _____ I, the minor's parent and/or legal guardian, understand the nature of these activities and the minors experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge covenant not to sue, and agree to indemnify and save and hold harmless FlipStar Inc., along with its employees, agents, officers and contractors, from all liability claims, demands, loses, or damages on the minor's account including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minors behalf makes a claim against any of the releasee's named above, I will indemnify, save, and hold harmless each of the releasee's from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Photo Release ~ Participants and/or their parents hereby permit the taking of photos, audio, and videotaping while using the facilities or programs of FlipStar Inc, for publication and use as FlipStar deems appropriate. This may be for advertising in newspapers, flyers, commercials, Facebook pages, website, and general promotion of our programs.

Representation of Authority of Parent or Guardian ~ The undersigned hereby represents and warrants to FlipStar Inc. that he/she is acting as Parent or legally appointed guardian of the above named child, and has full power and authority to execute this Release on behalf of said child. The undersigned shall be liable to FlipStar Inc. for any damages, losses, claims, litigation expenses and attorney's fees resulting from any misrepresentation of such authority.

Signature of Parent or Guardian

Date

By signing said waiver you are agreeing to abide by all FlipStar Inc. rules and policies posted and un-posted.