



# Buffalo Grove Park District CAMP REGISTRATION FORM



	Code #	Camp Name	Location
First Choice	Session 1	Session 1	Session 1
	Session 2	Session 2	Session 2
Second Choice	Session 1	Session 1	Session 1
	Session 2	Session 2	Session 2

### Camper T-Shirt Size

Please Select One:

Youth Small  
 Youth Medium  
 Youth Large  
 Adult Small  
 Adult Medium  
 Adult Large  
 Adult XL

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Entering Fall '25: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Guardian Work #: \_\_\_\_\_ Guardian Work #: \_\_\_\_\_

Guardian Cell #: \_\_\_\_\_ Guardian Cell #: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Alternate Local Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Does your child need NWSRA inclusion assistance? Please describe: \_\_\_\_\_
- Does your child have any allergies or other medical information we should be aware of, as well as any further information (i.e. accessibility plan) that you believe will be helpful to staff in understanding and caring for your child/ward: \_\_\_\_\_

• Will medication need to be given? \_\_Yes \_\_No. If yes, please complete Medication Dispensing Information Form at bgparks.org.

I have read and agree to the [Waiver and Release of All Claims](#), the [Camp Parent Handbook](#), [Permission to Dispense Medication](#), [Buffalo Grove Park District Behavior Policy](#), [Sunscreen and/or Insect Repellent Procedures](#), the [Walking Trip Permission](#), and understand that the information on second page can be also found at <http://bgparks.org/program/camp.aspx>. I understand that my signature and acknowledgement of this information is required below in order to participate in Buffalo Grove Park District Camps.

\_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_  
 Acknowledgement Signature of Legal guardian

Card #: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Payment Options

Please Select One:

Payment in Full  
 Check Deposit/Credit Card Auto Payments  
 Credit Card Deposit/ Credit Card Auto Payments

### Refunds

Refund requests received on or before one week prior to the first day of first session and on or before one week prior to the first day of second session will be issued, minus the nonrefundable deposit (\$100) and a \$5 administrative fee. Refund requests received after the dates listed above will only be issued when accompanied by a current doctor's note.

Due to internet security precautions, the payment form is only accepted via fax, mail, in-person, or secure site such as Dropbox Sign.  
 Credit card information is not accepted via email.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs and events, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website, social media and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

#### PARENT HANDBOOK ACKNOWLEDGEMENT

The Camp Parent Handbook can be found online at <http://bgparks.org/program/camp.aspx>. I recognize and acknowledge that I have read and understand the Camp Parent Handbook of the Buffalo Grove Park District. I agree to adhere and abide by the policies and procedures outlined in the handbook.

#### PERMISSION TO DISPENSE MEDICATION

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Buffalo Grove Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services. In consideration of the Buffalo Grove Park District administering medication to my minor child, I do hereby fully release or discharge the Buffalo Grove Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Buffalo Grove Park District, its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering or failure to administer medication.

#### BUFFALO GROVE PARK DISTRICT BEHAVIOR POLICY

Part of the Mission of the Buffalo Grove Park District is to provide safe and wholesome programs, parks and facilities for our residents and guests. The Behavior Policy has been established to help fulfill this mission. We ask all staff, volunteers, participants and spectators to help us in our effort to provide the best possible environment to enjoy our recreation activities. The Behavior Policy is available for viewing at the Alcott Center or on our website at [bgparks.org](http://bgparks.org). Questions about this policy and the disciplinary procedure should be directed to the Director of Recreation and Facilities, or the Superintendent of Recreation at 847.850.2100.

#### SUNSCREEN AND/OR INSECT REPELLENT PROCEDURES

I understand that outdoor activities are an integral part of the Buffalo Grove Park District day camp and my child will, among other things, be exposed to sun and insects. I understand that it is my responsibility to apply sunscreen and/or insect repellent to my child prior to bringing my child to the program. I give Buffalo Grove Park District staff permission to re-apply sunscreen and/or insect repellent, provided by me, to my child's face, neck, back, shoulders and arms. I understand that it is my child's responsibility to re-apply sunscreen and/or insect repellent to other areas, such as chest, abdomen and legs. I will keep a plain white t-shirt in my child's backpack at all times for additional protection.

#### WALKING TRIP PERMISSION

My child/ward has my permission to take walks off camp property with the Buffalo Grove Park District day camp staff as part of the camp activities. The walks will stay within the general area of the camp site and staff will supervise campers during walking activities. This permission is given for all dates of the camp program for which my child is registered. Information regarding the locations of walking trips will be provided to guardians prior to each trip.