



Adler Day Camp 2022 Contact Information Parent Agreement



Please check the Session(s) your child will be attending:

June 6-10 June 13-17 June 20-24 June 27-July 1 July 5-8
 July 11-15 July 18-22 July 25-29 August 1-5

Grade entering in the Fall: K 1 2 3 4 5 6 7

Child's Name: _____ Age: _____ DOB: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____

Daytime Phone #: _____ Daytime Phone #: _____

Cell #: _____ Cell #: _____

Email Address: _____

Emergency Contacts

Notify: (1) _____ Phone #: _____ or #: _____

(2) _____ Phone #: _____ or #: _____

Additional Authorized

Pick-Up Names: (1) _____ Phone #: _____ or #: _____

(2) _____ Phone #: _____ or #: _____

1. I hereby certify that (Participant) _____ is in normal health and capable of participating safely in the Adler Day Camp and has Health Insurance and that the Village of Libertyville and all other participating agencies are not liable for any accidents while participating in the Adler Day Camp.

2. Please list any allergies or other medication problems. Is your child currently taking medication? If Medication is being administered during camp hours (Must have Medication Form on File). _____

3. In a life threatening emergency, and the parent is not reachable, does the Adler Day Camp Staff have parental approval to transport child in Emergency Medical Service Vehicle to the nearest hospital? (Parent / Guardian Initials) _____.

4. I give permission to the Libertyville Recreation Department to take pictures of my child for publicity use. (Parent / Guardian Initials) _____.

5. Notification that this facility and program is not licensed or regulated by DCFS. (Parent / Guardian Initials) _____.

6. Please adhere to the state of Illinois "NO FIREARMS" Policy. Signage posted at north entrance. (Parent / Guardian Initials) _____.

7. I give permission for my child to be transported in the Village of Libertyville Van and/or the Chartered School Bus for camp field trips (Parent / Guardian Initials) _____.

Signature of Parent / Guardian

Date



VILLAGE OF LIBERTYVILLE
RECREATION & SPORTS COMPLEX DEPARTMENT
SUMMER DAY CAMP 2022
SWIMMING INFORMATION SHEET

In order for us to better evaluate your child's swimming ability, please complete the following information and return it with the Contact Information/Parent Agreement Form no later than the Tuesday that precedes the first day of the camp session.

You can drop this sheet off at Adler Day Camp or mail to: Recreation Department Office at 870 Country Club Drive Libertyville IL 60048, c/o JULIE O'TOOLE. OR Emails to jludwig@libertyville.com

CHILD'S NAME: _____ AGE: _____ GRADE: _____

To the best of your knowledge, how would you rank your child's swimming ability?

- Swimmer (swims comfortably without assistance) Will have to take a swim test to earn the GREEN wristband.
- Swimmer of limited ability (can swim without assistance but tires easily) Camper will be grouped with a counselor and will ONLY be allowed in the Zero depth area. (will automatically receive a RED wristband)

- Non-swimmer
- DO NOT want my child to participate in the Adler Day Camp SWIMMING

NON SWIMMERS and DO NOT want my child to participate campers will NOT go over to the POOL. They will stay back at camp with counselors for water activities.

Slides will ONLY be available to campers 48 inches tall and NO swim test will be given if they are under the height requirement.

Diving well and Drop Slide Pools are NOT available for campers.

Is there any other information you feel we should know about your child's swimming ability? _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). The Village of Libertyville is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Village of Libertyville continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, that if he/she suffers from an underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Village of Libertyville, including its officials, agents, volunteers and employees.

Signature Required I have read and fully understand the waiver and release of all claims on this page and the refund policy. This waiver form is completed and signed of my own free will.

PLEASE SIGN HERE. All adult participants must sign; one parent or custodial parent or guardian must sign if participant is under the age of 18 years.

SIGNATURE: _____ **DATE:** _____

