

WORTH TOWNSHIP YOUTH COMMISSION

11601 South Pulaski Road Alsip, Illinois 60803

(708) 972-7837
(708) 371-2144 fax

www.worhtownship.com
youthcommission@worhtownship.com

2021 Summer Camp Registration Form

Please Print Child' Name:

LAST NAME	FIRST NAME	SEX M/F	BIRTHDATE	AGE	Camp Shirt Size**	Shoe Size

Address _____

Town/City _____ Zip Code _____

Home Phone Number (____) _____

Dad's Name:	Mom's Name:
Dad's Work /Cell Number:	Mom's Work /Cell Number:
Dad's Email:	Mom's Email:

Who do we contact first in case of emergency: *(please circle)* Mom Dad

Does your child have any special needs that may require particular attention? Please include any allergic reactions. Please list medications your child takes and the reason or medical conditions you feel we should be aware of. If registering more than one participant, please indicate child's name.

Name of Emergency Contact Person (other than parent): _____

Emergency Phone Number: _____ Relationship: _____

***Your child/children will receive one camp shirt** for field trips and swim days (if applicable). It is mandatory for your child/children to wear their camp shirt on all scheduled field trips and swim days. If your child does not wear the camp shirt on scheduled field trips and swim days, they may not participate in the program for the day and will be sent home. You may purchase additional camp shirts at registration or during camp for \$10.00 each – if available. The first camp shirt is included in the registration fee.

****Camp Shirts** (Child's sizes - 6-8 / 10-12 / 14-16) (Adult sizes - S / M / L / XL / XXL)

Individual waivers must filled out per participant

Worth Township Youth Commission Summer Camp Pick-Up Form

Please list the person(s) authorized to pick up your child(ren) from Worth Township Summer Camp other than yourself and/or the emergency contact, the Worth Township staff will only release your child(ren) to those listed below. Also, our staff may request proof of identification. If someone other than yourself or those listed below will be picking up your child(ren), you must turn in a permission note at the beginning of the camp day in question. The safety of your child is our utmost priority, and we thank you in advance for your full cooperation. If you have any special needs or concerns regarding the pick-up of your child please contact the Youth Commission Director Sue Sortino, at 708-972-7837 or 708-371-2900 X145.

I give my permission to release my child(ren) to the following person(s):

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

-----OFFICE USE ONLY-----

June 21st – August 6th
9:00am – 3:00pm

REGISTRATION FEE: \$ _____

EXTRA CAMP SHIRTS - _____ @ \$10.00 EACH \$ _____

TOTAL PAID \$ _____

DATE PAID _____ CK#/CASH _____ INITIALED _____

**WAIVER OF CLAIMS, RELEASE, INDEMNIFICATION AND
HOLD HARMLESS AGREEMENT**

Worth Township
11601 S Pulaski Road
Alsip, IL 60803
Phone: 708-371-2900

Worth Township (the "Township") is committed to protecting the health, safety, and general welfare of all participants in Township programs and takes the necessary precautions to fulfill such commitment, including, but not limited to, following all relevant Illinois Department of Public Health and Centers for Disease Control and Prevention guidelines regarding Coronavirus Disease 2019 (COVID-19). Despite the Township taking prudent and necessary steps to protect the health, safety, and general welfare of all participants in Township programs, participation in such programs is not free from risk. Please read this form carefully and know that in signing this Waiver of Claims, Release, Indemnification and Hold Harmless Agreement (the "Agreement"), you will be waiving and releasing any and all claims for injuries or medical expenses incurred on your behalf which you or your child may sustain by participating in any program and/or event sponsored by the Township, and you are agreeing to reimburse the Township for any liability the Township may incur as a result of you or your child injuring anyone else in the course of your or your child's participation in any such program, activity and/or event. The terms "I", "me", and "my" shall also refer to any and all participants, including, but not limited to, parents, guardians and minors participating in any of the programs, activities and/or events. As consideration for being allowed to participate in any program with the Township, the undersigned, on his or her behalf, identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I acknowledge and understand that there are risks associated with participation in Township activities and the use of Township facilities and equipment, as well as facilities and equipment utilized by the Township for certain activities, including, but not limited to: contusions, fractures, scrapes, cuts, bumps, viral or bacterial infections (including, but not limited to, COVID-19), illness, paralysis, or death.
2. I willingly assume the risks associated with participation and accept that there are also risks that may arise due to other participants, which I also willingly assume.
3. I agree that I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any activity at the Township.
4. I agree to waive and relinquish all claims I may have as a result of my participation in any programs, activities and/or events sponsored by or associated with the Township, its officials, officers, agents, servants, and employees.
5. I do hereby fully release and discharge the Township, its officials, officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which I may have caused or which may occur to me as a result of my participation or attendance in any of the Township programs, activities and/or events.
6. I, for myself, including my heirs, assigns, representatives, and next of kin, agree to hold harmless and indemnify the Township, their officers, elected officials, employees, agents, volunteers, and attorneys from any and all injuries, liabilities, or damages from participation.
7. I additionally agree to indemnify the Township, their officers, elected officials, employees, agents, volunteers, and attorneys for any defense cost or expense arising from any and all claims, injuries, liabilities, or damages arising from participation.

8. In the event of an emergency, I authorize the Township and/or its officials, officers, agents, servants, and employees to secure from any Township employee and/or hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for the payment of any and all medical services. I understand and agree that the Township assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, the Township shall not be responsible or liable for any costs or charges related to such medical treatment.
9. I hereby give the Township, its officials, officers, agents, servants, and employees permission to use my picture or likeness for promoting Township programs, activities, and/or events. The Township, its officials, officers, agents, servants, and employees may videotape any program, activity, and/or event, such as the Spelling Bee, to be broadcast on a local community cable channel or elsewhere. I give my permission to be videotaped in any program, activity, and/or event and allow the Township to use and/or televise in any manner, my picture and/or likeness and to indemnify and hold harmless the Township, its officials, officers, agents, servants, and employees from any and all claims, damages, and/or loss of any kind in connection to any picture or video that I may appear in.
8. I further agree that this Agreement shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.
10. I am legally competent to understand and complete this Agreement. I hereby execute this Agreement without coercion.

Participant Name (please print): _____

Parent/Legal Guardian Name (if Participant is under 18 years of age) (please print): _____

Participant/ Parent/Legal Guardian Signature: _____

Emergency Contact Name: _____

Emergency Contact Number: (_____) _____ or (_____) _____

Address _____

Email _____

NOTICE:

Each participant must have their own individual wavier signed.