

# WORTH TOWNSHIP YOUTH COMMISSION

11601 South Pulaski Road

Alsip, Illinois 60803

(708) 972-7837 Direct Line

(708) 371-2144 fax

[www.worhtownship.com](http://www.worhtownship.com)

youthcommission@worhtownship.com

## 2024 Summer Camp Registration Form

**Please Print Child/Children's 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 **IF** you feel we should be aware. 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. 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)**

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 pickup of your child(ren) please contact the Youth Commission at 708-972-7837.

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 \_\_\_\_\_

### **SWIM TEST PERMISSION FORM**

Each summer every child takes a mandatory swim test before they are allowed to go in the deep end of the pool. The children who do not prove themselves able to swim must wear a yellow bracelet and will be limited to the shallow end of the pool. Awareness of the campers' swimming ability is a serious issue at camp. If you feel your child/children does not have the experience or ability to swim in the deep end of the pool, please let us know.

\_\_\_\_\_ Knowing my child's/children's swimming ability, I feel my child/children should wear a yellow bracelet and **not swim in the deep end** of the pool.

Child(rens) Name(s) \_\_\_\_\_

\_\_\_\_\_ My child/children has/have my **permission to take the swim test** to see if his/her abilities meet the Alsip Park District Aquatic pool standards to swim in the deep end of the pool.

Child(rens) Name(s) \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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

#### **PLEASE CIRCLE:**

**Six Week Program - 5 Days a Week (Monday-Friday)**

**REGISTRATION FEE: \$650.00**

\$ \_\_\_\_\_

**EXTRA CAMP SHIRTS - \_\_\_\_\_ @ \$10.00 EACH**

\$ \_\_\_\_\_

**TOTAL PAID**

\$ \_\_\_\_\_

DATE PAID \_\_\_\_\_ CK#/CASH \_\_\_\_\_ INITIALED \_\_\_\_\_

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

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 WORTH TOWNSHIP and you are agreeing to reimburse WORTH TOWNSHIP for any liability WORTH 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.

### **WORTH TOWNSHIP PROGRAMS, ACTIVITIES, EVENTS**

As a participant in any program, activity or event sponsored or hosted by WORTH TOWNSHIP, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all programs, activities and/or events connected with or associated with WORTH TOWNSHIP.

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 WORTH TOWNSHIP, its officials, officers, agents, servants and employees. I hereby give WORTH TOWNSHIP, its officials, officers, agents, servants and employee's permission to use my picture or likeness for promoting WORTH TOWNSHIP programs, activities and/or events.

I do hereby fully release and discharge WORTH TOWNSHIP, its officials, officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have, or which may occur to me as a result of my participation or attendance in any of the WORTH TOWNSHIP programs, activities and/or events.

I further agree to indemnify and hold harmless and defend WORTH TOWNSHIP, its officials, officers, agents, servants, and employees from any and all claims resulting from any injuries, damages and/or losses caused by me or during the course of my participation or attendance in any of the WORTH TOWNSHIP programs, activities and/or events.

In the event of an emergency, I authorize WORTH TOWNSHIP and/or its officials, officers, agents, servants, and employees to secure from any WORTH 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 WORTH TOWNSHIP assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, WORTH TOWNSHIP shall not be responsible or liable for any costs or charges related to such medical treatment.

Worth 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 WORTH TOWNSHIP to use and/or televise in any manner, my picture and/or likeness and to indemnify and hold harmless WORTH 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.

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.

In signing this Agreement, I acknowledge and represent that I have read and fully understand this Agreement.

#### **PLEASE PRINT**

**Participant's Name** \_\_\_\_\_

**Parent/Legal  
Guardian Name** \_\_\_\_\_

**Parent /Legal  
Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Youth Commission Program / Activity Waiver**

11601 S Pulaski Road  
Alsip, IL 60803  
Phone: 708-972-7837

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. As consideration for being allowed to participate in any program with the Township, the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below:

Participant Name	Date of Birth
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Participant Name	Date of Birth
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Participant Name	Date of Birth
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2. 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, illness, paralysis, or death.
3. I, for myself and the Participant(s) named, 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.
4. I agree that the Participant(s) named, and 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.
5. I, for myself and the Participant(s) named, our 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.
6. 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. I am legally competent to understand and complete this waiver. I hereby execute this waiver without coercion.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian/Participant signature: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_