

Kendall County Forest Preserve District Winter Break Camps

Nature doesn't take a break over winter and neither do we!
Check out our Winter Break Camps!

Eco Heroes

Ages: 4-6

Date & Time: January 3-5, 9 am-12 pm

Location: Hoover Forest Preserve

Price: \$80

Imaginations will soar as campers learn about the different super hero powers animals have and the group works together to protect nature from harm. Through secret missions, craft projects and imaginative play, campers will learn about caring for the natural world in a fun, dynamic way. **Register by December 20, 2017**



Star Wars Camp

Ages: 7-9

Date & Time: January 3-5, 1-4 pm

Location: Hoover Forest Preserve

Price: \$80

A long time ago in a galaxy far, far away . . . there was great unrest on the planet of Hoover Forest Preserve, as young Jedi were training to defend the region. This camp brings the world of *Star Wars* from the screen to a camp experience for campers to live the dream of being a Jedi, doing the right thing, and defeating injustice. May the forest be with us!

Register by December 20, 2017



***Registration forms can be found online at kendallforest.com**

For additional information on the program:

Call 630-553-2292 or email edombrowski@co.kendall.il.us



Kendall County Forest Preserve District

Camper Information

Name of camp:

Date of camp:

Child's name:

Age:

Current Grade Level:

Parent/Guardian Name:

Address:

City:

State:

ZIP:

Home Phone:

Alternate Phone:

Email Address:

Emergency Contact:

Relationship:

Home Phone:

Alternate Phone:

Your signature below indicates that you have read and agree to the following, and that your child has your permission to attend this program:

1. I have been informed of the details of this program.

2. My child has my permission to participate in this supervised program.

3. I understand that my child will be under the instructor's, or other authorized personnel's supervision at all times. I agree to instruct my child to obey all rules, regulations, and instructions given by instructors and/or authorized personnel. I further agree that no teacher or other authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations, or instructions.

4. The instructors assume the responsibility to carefully supervise the participants.

5. I authorize the instructors or other authorized personnel, acting in my place, as parent, to give consent to any hospital or physician to provide my child with whatever examination, treatment, hospitalization, medical or surgical care that may be needed in the event that an injury or illness may occur to my child while attending the program.

Signature:

Date:

HEALTH FORM (TO BE FILLED OUT BY PARENT/GUARDIAN)

Child's Name:		
Name of Camp:		Date of Camp:

Personal Information

Height:	Weight:	Sex: M F
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Health History: Has the camper experienced any of the following? If so, circle and indicate dates.

Frequent colds	Asthma	Rheumatic fever
Frequent sore throats	Chicken pox	Tuberculosis
Sinusitis	Measles	Epilepsy
Abscessed ears	German Measles	Heart problems
Fainting	Mumps	Kidney problems
Bronchitis	Whooping Cough	Sleep walking
Stomach upsets	Diabetes	Constipation
Hay Fever	Polio	Arthritis
Frostbite	Fractures	Operations/Serious Injuries

Other medical concerns:

Allergies: Is the camper allergic to any of the following? If so, circle and provide details.

Medication (e.g. penicillin, aspirin, sulfa, etc.)	Foods (e.g. shellfish, milk, peanuts, etc.)	Insect bites (e.g. bee stings)
Plants (e.g. poison ivy)	Environmental (e.g. mold, dust, etc.)	Other (please indicate)

Medications: Please note any medications camper is taking and special instructions for staff.

Healthcare Provider Information

Physician name:	
Office Name:	Phone Number:
Hospital Preference:	
Medical Insurance Company:	Policy Number:

Emergency Contact Information

Emergency Contact Name:	Relationship:
Primary Phone:	Alternate Phone:

Parent Agreement: The above medical information is complete and accurate to my knowledge. Also, my child is fit to participate in all camp activities except for the limitations noted in this health form.

Signature:	Date:
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