

Summer Camps 2024

Spots Still Open - Don't Miss Out.

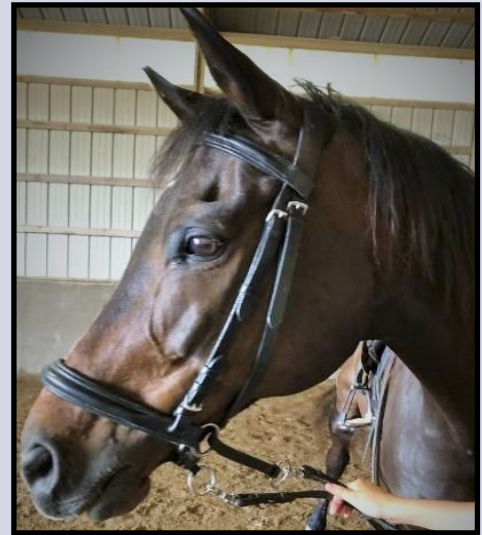
Parent and Tot Day Camp

Ages 3 to 5

**Session 3: Mon. August 5th
9:00 am-11:00 am**

Explore the wonderful world of horses
with your tot!

This is a two hour, **one day camp**
offered for our younger horse lovers and their parent!



PRICES:

\$66 (Kendall County residents)
\$72 (Out-of-County)



End of Summer FUN!

Kendall County Forest Preserve District ***2024 Summer Camp Programs***

Summer Camp Registration Forms *(Pages 1-3)*

Camper Information

Name of camp:			
Date of camp:			
Child's name:			
Date of Birth:		Grade Entering in Fall 2024:	
Parent/Guardian Name:			
Address:			
City:	State:	ZIP:	
Cell Phone:	Other Phone:		
Email Address:			
Your signature below indicates that you have read and agree to the following, #1-#6 statements and that your child has your permission to attend this program:			
1. I have been informed of the details of this program. My child has my permission to participate in this supervised program.			
2. 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 instructor 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.			
3. 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.			
4. I consent to the KCFPD's use of photographs and recordings for educational, promotional or publicity purposes and agree that these photographs and recordings may be displayed during presentations or published in mass media publications, newspapers, social media promotions, or websites.			
5. I authorize the instructors to take my camper on hikes and (if applicable for your child's camp) special excursions off site. I also authorize the camper to ride as a passenger in a vehicle owned or leased by the Kendall County Forest Preserve District organization.			
6. Cancellation Policies: No refunds for cancellations with less than two weeks notice prior to the first day of the program. A \$20 non-refundable registration fee is included in this program fee.			
Signature:		Date:	

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

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

Personal Information

Height:	Weight:	Sex: M F Non-binary
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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— Someone Other than the Parent/Guardian listed on Pg.#1

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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