KENDALL COUNTY
FOREST PRESERVE DISTRICT

WINTER BREAK CAMP







Grades K-4

9AM-2PM
DECEMBER 29 - 30 2026
Hoover Forest Preserve

$110/Child

It is time to bundle up & get outside! We are excited to explore the winter wonderland of Hoover Forest Preserve. We will play in the snow, take nature hikes, read stories, make crafts, memories and more!

REGISTER ONLINE TODAY!

QUESTIONS? CALL: 630-553-2292
EMAIL: KCFPDEDUCATION@KENDALLCOUNTYIL.GOV

Kendall County Forest Preserve District

Winter Break Camp 2026 Registration Forms (3 Pages)

ParticipantInformation & Waiver

2026 Winter Break Camp— December 29th & 30th — 2 day Camp 9:00am-2:00pm

Child's name:			
Date of Birth:		Grade at the start of program:	
Parent/Guardian Name:			
Home Address:			
City:	State:	ZIP:	
Cell Phone:	Other Phone:		
Email Address:			

1. I amanadultoverthe age of 18 and I affirm that my minor child/ward ("Child"), has voluntarily chosen to participate in this Ken- dall County Forest Preserve District Program. I, on behalf of myself and my minor child, voluntarily understand and consent to the following:

2. Risks: I understand that participation in the Program may involve risks not found in my Child's daily life. These include, without limitation, illnesses, injuries, and even death. I understand these risks and assume them knowingly and willingly. My Child and I will take every precaution to safeguard my Child's health, safety, and personal belongings. 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 will be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regu- lations, or instructions. I understand the Kendall County Forest Preserve District ("KCFPD") cannot eliminate all risks or guarantee my Child's safety.

3. I understand that state law mandates Program staff report any suspected child abuse or neglect to the appropriate authorities for investigation. General Release: Knowing the risks described above, I agree, on behalf of my Child and my Child's family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my Child's participation in the Program. To the maximum extent permitted by law, I, on behalf of myself and my Child, release, hold harmless and agree to indemnify and defend (with counsel of the KCFPD's own choosing) the KCFPD as well as their commission members, officials, employees, and agents, from and against any present or future claims, losses, liabilities, costs and expenses (including, but not limited to attorneys' fees, expert fees and court costs) for injury to person or property, or for any other damage, which myself or my Child may suffer, or for which my Child may be liable to any other person, related to my Child's participation in the Program, resulting from any cause, including but not limited to negligence on my Child's part or on the part of any of the released parties. Any attorney representing the KCFPD is sub- ject to review and approval by the Kendall County State's Attorney and must be appointed a Special Assistant State's Attorney prior to performing any work for the KCFPD. The KCFPD's participation in its defense shall not remove the duty to indemnify, defend, and hold the KCFPD harmless, as set forth above. The KCFPD does not waive its defenses or immunities under the Local Government and Governmental Employees Tort Immunity Act (745 ILCS 10/1 et seq.) by reason of indemnification or insurance.

4.Photograph, Film and Vocal Recording Release: I grant to the KCFPD the right and authority to photograph, film or record my Child as part of the Program. I consent to the KCFPD's use of these 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 publi- cations, newspapers, social media promotions, or websites. I agree that my Child's legal name may be used. My Child and I release the KCFPD from any expectation of confidentiality.

5. I, the undersigned as parent or legal guardian of my Child listed above, do hereby consent to his or her participation in the Pro- gram. I, as the parent or legal guardian of my Child and on behalf of my Child and myself, accept and agree to all assurances, assump- tions, waivers, releases, and statements identified in the Assumption of Risk and General Release Form.

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 INFORMATION: (TO BE FILLED OUT BY PARENT/GUARDIAN)

Child's Name:	Sex: M F Non-binary

Winter Break Camp — Tuesday and Wednesday— December 29 & 30 2026

Please indicate if your child has any health concerns we should be aware of:

Does your child require any special considerations to fully participate in camp activities?

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

EmergencyContact Information— Someone Other thantheParent/Guardian listed on Pg.#1

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

Health Insurance; Medical Care; Health and Safety Concerns: I affirm my Child carries valid and current medical insurance and I willbesolelyresponsiblefor payment, in full, of all costs of medicalcare my Childmay receive for all injuries or illnesses that my Child may sustain while participating in the Program or as a result of the Program.

I authorize the Program staff to administer basic first aid and to obtain health care for my Child if needed, as determined by Program staff, while participating in the Program. I authorize Program staff to transport my Child to receive such medical care. I give the Program staff authority to contact the provided Emergency Contacts if the child experiences serious health problems, suffers an injury, or is otherwise in a situation that raises significant health and safety concerns and Program Staff are unable to reach a parent/guardian.

I understand that it is my responsibility to ensure all emergency contact information is kept up-to-date and accurate. I understand Kendall County Forest Preserve District staff will not administer prescription or non-prescription medications under any circumstances other than medications that may be administered with physician instructions and parental consent include and are limited to inhalers to treat asthma; epinephrine pens, Benadryl, and other similar treatments to address severe allergies and/or allergic reactions. I consent for my child to receive epinephrine from program staff should my child present signs of anaphylaxis. Staff will not apply sunscreen or bug spray to children; it must be applied by a parent, guardian, or the program participant. 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:

Kendall County Forest Preserve—Program Payment Information

Online Registration is the quickest & easiest way to register your child for KCFPD Programs. Registering online provides: real-time camp availability, secure online payment, and immediate confirmation of registration, and is accessible 24/7 from any device with internet access. If you chose to mail in your registration forms or bring your forms in to our office, please know that these applications will be processed slower than online submissions, and there is no guarantee you will secure your preferred spot.

Child's Name:	

Winter BreakCamp 2026	December 29 & 30 9am –2pm — $110.00

Payment Option (check one):

	Cash (In person drop-off only)
	Check (Make payable to Kendall County Forest Preserve District—Mailed or drop-off)
	Credit card (Easiest method: Register on-line or Fill out information below and mail or drop-off)

Credit Card Information (3.5% processing fee will be applied)

Name on Card:			
Billing Address:			
City:	State:	ZIP:	
Card Type (circle one): Visa Master Card Discover Card			
Card Number:			
Security Code:		Expiration Date:	

I authorize Kendall County Forest Preserve District to charge my credit card the amount indicated on the dates as noted. Signature: Date:

If you are not registering online: Mail, or drop off your completed registration form, payment form,health form, & payment to Kendall County Forest Preserve District, Attn: Winter Break Camp, 110W.MadisonSt.,Yorkville,IL60560

Once registration forms & payment are processed- Youwill receive a confirmation email. Winter Break Camp letter with details & instructions about this program will be sent 1 week prior to the start of this program. If you have any other questions or need assistance, please contact the Kendall County Forest Preserve District staff: Kimberly Adams; Environmental Education Coordinator at 630-553-2292 or email KCFPDEducation@kendallcountyil.gov

Thank you!