



# CIT 2023 • Butterfield Park District

**CIT Program Fee is a weekly fee for the entire summer.**

Camper's Name: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_ Resident  Non-Resident

Parent's Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Please circle the days for which you are registering your*

WEEK	DATES	Payment Due	Circle Attendance Days	TOTAL	STAFF INITIALS Date Paid
1	May 31-June 2	May 22	W T H F		
2	June 5-9	May 29	M T W T H		
3	June 12-16	June 5	M T W T H F		
4	June 20-23 *No Camp June 19	June 12	T W T H F		
5	June 26-30	June 19	M T W T H F		
6	July 5-7 *No Camp July 3 & 4	June 26	W T H F		
7	July 10-14	July 3	M T W T H F		
8	July 17-21	July 10	M T W T H F		
9	July 24-28	July 17	M T W T H F		
10	July 31-August 4	July 24	M Tu M T W		

<b>CIT Registration Fee</b>
<b>\$75 per week</b>
<b>Must be able to attend 3 days out of the week</b>

### Butterfield Park District Waiver and Release

#### IMPORTANT INFORMATION

Participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement.

#### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the Butterfield Park District identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Butterfield Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Butterfield Park District).

I do hereby fully release and forever discharge the Butterfield Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

All Day Camp is from 8:30am-3:30pm

Full Name Printed

Signature

Date

The Butterfield Park District will NOT assume responsibility for accidents or injuries incurred at any program or on park property. It is recommended you review your personal insurance policies for coverage during leisure activities.

As parent and/or guardian, I do herewith authorize treatment by qualified and licensed medical doctor for my son/daughter in the event of a medical emergency, which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a responsible effort has been made to reach me.

**(Parent/Guardian Initials)**

**GENERAL PERMISSION SLIP**

I hereby waive for my child and myself the right to assert any claims arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation program, sport or activity. I acknowledge that participation in the sport or activities authorized comes with certain risks and are hereby assumed. I relinquish any right, which my child or I might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

**(Parent/Guardian Initials)**

**AUTHORIZATION FOR MEDICAL TREATMENT**

1. I, the undersigned, hereby agree to allow the individual(s) named hereon to participate in Butterfield Park District activities.
2. I certify that to the best of my knowledge, the participant(s) named here on is/are physically fit and able to engage in Recreation Services Division activities.
3. In case of emergency, I give my permission for emergency medical treatment.
4. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant.
5. My signature acknowledges that I understand and agree to the above conditions.

**(Parent/Guardian Initials)**

**GENERAL WALKING PERMISSION**

My child has permission to take short walks off site property with the Butterfield Park District Day Camp staff as part of their activities. The walks will stay within the immediate area of the Park District boundaries. This permission is given for the entire Day Camp program. Further information regarding locations of walks will follow.

**(Parent/Guardian Initials)**

**FIELD TRIP PERMISSION**

My child has permission to participate in field trips as arranged and supervised by the Park District Day Camp staff. In consideration for the right to participate in this activity, I hereby release the Butterfield Park District and Day Camp programs from any claim for liability or any cause of action with the exception of gross negligence and intentional tort arising from my child's use of and participation in. The staff will notify parents in advance of any field trips I have read, understand, and initialed all the above information.

**(Parent/Guardian Initials)**

**Swimming**

My child is able to swim (please circle one)                      Well                      Fair                      Poor

Does your child need a swim buddy?                      Yes                      No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUTTERFIELD PARK DISTRICT EMERGENCY FORM**

**CIT**

21 W 730 Butterfield Road  
Lombard, IL 60148  
Office #: 630-858-2229  
Fax#: 630-858-2234  
www.butterfieldpd.com

TODAY'S DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE (ENTERING IN FALL) \_\_\_\_\_

PARENT/ LEGAL GUARDIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

SECOND PARENT/ LEGAL GUARDIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LIST SPECIAL HEALTH PROBLEMS, WHICH THE INSTRUCTOR SHOULD BE AWARE OF, SUCH AS PHYSICAL LIMITATIONS, ALLERGIES, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

PERSONS IN COMMUNITY TO NOTIFY IN CASE OF EMERGENCY OR ILLNESS OTHER THAN PARENTS:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

My child \_\_\_\_\_ will be discharged to the following:

**NAMES AND PHONE NUMBERS** OF PERSONS WHO MAY PICK UP CHILD OTHER THAN PARENT/LEGAL GUARDIAN

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I give Butterfield Park District Staff permission to release \_\_\_\_\_

(Child's Name)

All above listed individuals (including parents or legal guardians) must provide upon request a photo I.D. during the time of sign in/out.

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date)



# AUTO DEBIT FORM

Cardholder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

**I will be paying by check instead of credit card the Monday before each week**

Participants name for which auto debit will be used: \_\_\_\_\_

Program Auto/Debit Card is authorized for:

All Butterfield Park District Programs Authorized By: \_\_\_\_\_ Entered into System on: \_\_\_\_\_

Program Name: \_\_\_\_\_ Authorized By: \_\_\_\_\_ Entered into System on: \_\_\_\_\_

I (we) hereby authorize Butterfield Park District, to initiate entries to my (our)  Credit Card indicated above on

the due dates for which is agreed upon per program registration. This authorization is to remain in full force and effective until Butterfield Park District has received written notification from me, and/or the expiration of program registration services. **Please notify Butterfield Park District with new expiration dates/changes to accounts, etc.**

**Please verify your accounts to make sure payments are being debited and the payment amount is correct.**

**Your receipt will reflect an Active Net processing fee. The fee has been initiated by Active Net and the Butterfield Park District does not receive any of these funds. We will continue to absorb the transaction fee associated with your registration. Payment by cash or check will not incur the processing fee.**

Signature: \_\_\_\_\_