



COUNSELOR-IN-TRAINING (CIT)* for CAMP SUPER TOT 2026

Camper's Name: _____

Birthdate: _____

Age: _____ Parent's Name: _____ Resident Non-Resident

Address: _____ Town/Zip: _____

Phone # 1: _____ Phone # 2: _____

E-Mail Address: _____

SESSION 1 Dinosaur Days May 19-May 28 T/W/TH 9:00-12:00	<input type="checkbox"/>
Extended Care 12:00-2:00 pm	<input type="checkbox"/>
SESSION 3 Carnival Craze June 16-June 25 T/W/TH 9:00-12:00	<input type="checkbox"/>
Extended Care 12:00-2:00 pm	<input type="checkbox"/>
SESSION 5 Mermaids and Pirates July 21-July 30 T/W/TH 9:00-12:00	<input type="checkbox"/>
Extended Care 12:00-2:00 pm	<input type="checkbox"/>

SESSION 2 Nature Explorers June 2-June 11 T/W/TH 9:00-12:00	<input type="checkbox"/>
Extended Care 12:00-2:00 pm	<input type="checkbox"/>
SESSION 4 Zootopia July 7-July 16 T/W/TH 9:00-12:00	<input type="checkbox"/>
Extended Care 12:00-2:00 pm	<input type="checkbox"/>
SESSION 6 Camp-a-palooza August 4-August 13 T/W/TH 9:00-12:00	<input type="checkbox"/>
Extended Care 12:00-2:00 pm	<input type="checkbox"/>

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.

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 a 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/ Legal 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/Legal Guardian Initials)

AUTHORIZATION FOR MEDICAL TREATMENT

1. I, the undersigned, hereby agree to allow the individual(s) named herein to participate in Butterfield Park District activities.
2. I certify that to the best of my knowledge, the participant(s) named hereon 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.

PHOTO RELEASE PERMISSION

We will be taking pictures of children frequently for on going projects. With your initials here, you agree to allow publication of any photos taken at any program, event, or facility for the Butterfield Park District.

Do we have permission to photograph your child? (Please circle response)

YES NO

(Parent/Legal Guardian Initials)

- Refunds will not be given on camps less than 10 days prior to the start date of the program.
- Refund requests over \$5 are subject to a single \$5 administrative fee. Refunds due to medical reasons will not be subject to the \$5 administrative fee when accompanied by a physician's note. Refunds will not be issued if the refund amount is \$5 or less. Funds will be left on the customer's account.
- No refunds will be given for the credit card processing fee.
- When any program is cancelled or changed by Butterfield Park District, a full refund will be given on the program.
- Medical excuses will result in a prorated refund based upon the number of classes held prior to the date listed on the physician's excuse.
- Please allow four to six weeks for the refund check. These may not be cashed at the Butterfield Park District.

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*This program is for pre-teens ages 11-15 who enjoy working with preschool

aged children 2-6. The one time fee is \$154 and is due at the time of registration. A

smaller group of campers also attend on Mondays and Fridays 9:00-12:00. CIT's are

welcome to join us for as many days, times and sessions as they are available.

.....
Signature

.....
Full Name Printed

.....
Date

.....
My relationship to participant

BUTTERFIELD PARK DISTRICT EMERGENCY FORM

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 _____

WORK NUMBER _____

CELL NUMBER _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

LIST SPECIAL HEALTH PROBLEMS, WHICH THE INSTRUCTOR SHOULD BE AWARE OF, SUCH AS PHYSICAL LIMITATIONS, ALLERGIES, ETC. IF THE PARTICIPANT HAS ANY SPECIAL NEEDS, PLEASE INDICATE THOSE NEEDS BELOW.

_____**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)

2026-2027

Butterfield Park District 21W730 Butterfield Road, Lombard, IL 60148
630-858-2229**AUTO DEBIT FORM**

Cardholder's Name: _____

Credit/Debit Card Number: _____

Exp. Date: _____ Security Code: _____

Participant's name for which auto debit will be used: _____

Program Auto/Debit Card is authorized for:

All Butterfield Park District Programs Authorized By: _____

Program Name: _____ Authorized By: _____

Program Name: _____ Authorized By: _____

Program Name: _____ Authorized By: _____

I (we) hereby authorize Butterfield Park District, to initiate debit 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 accounts to make sure payments are being debited and the payment amount is correct. Your monthly billing receipt will now show an ActiveNet processing fee. The fee has been initiated by ActiveNet and the Butterfield Park District does not receive any of these funds. We will continue to absorb the transaction fees initiated by using your credit card. Payment by check or cash will not incur the processing fee.

Signature: _____