



# K-5 Camp Jurassic Park District: 2026

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_  
 Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Please remember you are only registered for the weeks paid.

WEEK	DATES (Circle AM/PM or Both)	Circle Attendance Days	Hot Lunch option \$9 (please circle if you want to add this)	TOTAL	Payment Due	STAFF INITIALS Date Paid
1	June 3rd- 5th	W TH F	Pizza		May 25th	
	Extended Care AM/PM	M T W TH F			May 25th	
2	June 8th-12th	M T W TH F	Chicken Tenders		June 1st	
	Extended Care AM/PM	M T W TH F			June 1st	
3	June 15th-18th <b>*No camp 6/19*</b>	M T W TH	No Hot Lunch		June 8th	
	Extended Care AM/PM	M T W TH			June 8th	
4	June 22nd-26th	M T W TH F	Pizza		June 15th	
	Extended Care AM/PM	M T W TH F			June 15th	
5	June 29th-July2nd <b>* No camp July 3rd</b>	M T W TH	No Hot Lunch		June 22nd	
	Extended Care AM/PM	M T W TH			June 22nd	
6	July 6th-10th	M T W TH F	Pasta		June 29th	
	Extended Care AM/PM	M T W TH F			June 29th	
7	July 13th-17th	M T W TH F	Pizza		July 6th	
	Extended Care AM/PM	M T W TH F			July 6th	
8	July 20th-24th	M T W TH F	Chicken Tenders		July 13th	
	Extended Care AM/PM	M T W TH F			July 13th	
9	July 28th- August 1st	M T W TH F	Pasta		July 20th	
	Extended Care AM/PM	M T W TH F			July 20th	
10	August 4th-8th	M T W Th F	Pizza		July 27th	
	Extended Care AM/PM	M T W Th F			July 27th	
<b>ALL</b>	<b>Administration Fee (one time Non-refundable)</b>			<b>\$79</b>		

Full Day Hours: 8:30am-3:30pm  
 Extended Care Hours: AM-7am-8:30am  
 PM: 3:30pm-6pm

3-Day Fee	4-Day Fee	5-Day Fee
\$154	\$179	\$204
Extended Care	Extended Care	Extended Care
AM- \$34	AM- \$39	AM- \$44
PM-\$39	PM- \$44	PM- \$49

## Payments

All Summer Camp changes & payments are due the Monday the week before by noon. If it is past the deadline, there will be no credits or refunds granted.

(Parent/Guardian Initials)

Full Name Printed

Signature

Date

**Butterfield Park District Waiver and Release****(Parent/Guardian Initials)****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 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 heron 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.

**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.

**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)****PHOTO RELEASE**

By registering for any Park District program, I agree to allow publication of any photos taken at any program, event, or facility of the Butterfield Park District.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature will substitute for and have the same legal effect as an original form signature.

**(Parent/Guardian Initials)****Swimming**

My child is able to swim (please circle one)

Well

Fair

Poor

Parent Signature

Date

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

\_\_\_\_\_

**BUTTERFIELD PARK DISTRICT EMERGENCY FORM****Camp K-5**

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

CHILD'S NAME or NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

LIST SPECIAL HEALTH PROBLEMS, WHICH THE SITE DIRECTORS 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)

21 W 730 Butterfield Road  
Lombard, IL 60148  
Office #: 630-858-2229  
Fax#: 630-858-2234  
[www.butterfieldpd.com](http://www.butterfieldpd.com)



21W730 Butterfield Road Lombard IL 60148  
630.858.2229 www.butterfieldpd.com Fax 630.858.2234

## SUMMER CAMP AUTO DEBIT FORM

\*\*\*A credit card is required to be marked down on the auto debit form. If we do not receive your check payment on Monday by noon we will automatically charge the card on file.\*\*\*

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

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

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

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

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

Program Auto/Debit Card is authorized for:

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 a 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: \_\_\_\_\_