

CHILD'S NAME _____ **Date of Birth** _____

AUTHORIZED PICK UP/EMERGENCY CONTACTS(Must be 18 years or older)

I hereby give my consent for the following individuals to pick up my child from Westmont Yard Summer Fun Camp Program. I understand that Westmont Yard is not responsible for my child once they have been signed out of the Fun Camp Program.

In an emergency situation, Westmont Yard will always try to contact the parent(s)/guardian(s) first. In case the parent(s)/guardians(s) cannot be reached, we will contact the following emergency contacts. Please list at least two emergency contacts in order of preference for contact.

Authorized Pick Up: Mother Father Guardian(s)
Parent's Marital Status: Married Single Divorced(Please state custody arrangements and provide court documentation. _____
_____.

Parent/Guardian Name _____
Address: _____ City: _____ State: _____ Zip: _____
Place of Employment: _____ Occupation: _____
Hm #: _____ Cell#: _____ Wk #: _____
E-mail: _____

Parent/Guardian Name _____
Address: _____ City: _____ State: _____ Zip: _____
Place of Employment: _____ Occupation: _____
Hm #: _____ Cell#: _____ Wk #: _____
E-mail: _____

Name _____	Name _____	Name _____
Relation to child _____	Relation to child _____	Relation to child _____
Hm#: _____	Hm#: _____	Hm#: _____
Cell #: _____	Cell#: _____	Cell#: _____
Wk#: _____	Wk#: _____	Wk#: _____
<input type="checkbox"/> Authorized Pick Up	<input type="checkbox"/> Authorized Pick Up	<input type="checkbox"/> Authorized Pick Up
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact

PARENT/GUARDIAN(S) CONSENT

My child has permission to participate in the Westmont Yard Summer Fun Camp and Activities. Basic first aid and emergency treatment are authorized. I recognize and acknowledge that there are certain risks of physical injury, and agree to assume full risk of injuries, damages, or loss which said participant may sustain as a result of participating in any and all activities connected with or associated with such program. I authorize Westmont Yard to transport my child via emergency transportation should it be deemed necessary by the Westmont Yard staff.

I give permission for my child to participate in field trips during the summer fun camp hours with the understanding that advance notice and details will be provided.

I give Westmont Yard permission, without limitation or obligations, to use photography, video, or audio recordings of my child participating in the Westmont Yard Summer fun camp programs for the promotion or interpretation of the Westmont Yard.

I understand that my child cannot attend Westmont Yard's Summer Fun Camp Programs until all required forms are turned in to Westmont Yard.

Parent/Guardian Signature

Date

Printed Name

HEALTH FORM

Name: _____
(first) (middle) (last)

Birthdate: ___/___/___ Grade in Fall ___ Gender: ___ Male ___ Female

HEALTH INFORMATION

Important: Please notify Westmont Yard if your child's information changes. Please give approximate dates.

Conditions

Frequent Ear Conditions
 Heart Defect
 Convulsions
 Diabetes
 Bleeding Disorders
 Other

Allergies

Hay Fever
 Poison Ivy
 Insect Stings
 Penicillin
 Peanuts/nuts
 Other

Diseases

Measles _____
 German Measles _____
 Mumps _____
 Chicken Pox _____
 Asthma _____
 Other _____

Operations or serious injuries (please list dates) _____

Chronic or recurring illness _____

Is your child taking any medication? _____ Name of Medication _____

Dose _____ Special Instructions _____

Any specific activities to be encouraged? _____

Restricted? _____

Special needs or restrictions (dietary, health, physical, psychological, or educational) for staff awareness:

Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

The health history is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed field trips, sports and activities except as noted.

A copy of my child's current physical/shot record is attached. _____ Physical received.

Please also attach a copy of your child's birth certificate. _____ Birth certificate received.

Parent/Guardian Signature

Date

RELEASE AND CONSENT

For good and valuable consideration, the sufficiency of which I hereby acknowledge, including, but not limited to, my minor child's participation in the Active Childcare and/or After School Sports programs (collectively, the "Program") at Westmont Yard Corp., located at 233 W. 63rd Street, Westmont, Illinois (the "Premises"), I, _____, personally and on behalf of and as parent and legal guardian of _____, whose birthdate is _____, and on behalf of our respective attorneys, representatives, agents, heirs, executors, administrators, assigns, insures, predecessors, successors and/or any other person or entity asserting claims through me or my minor child, agree to the following:

1. I and my minor child agree to release, indemnify, defend and hold harmless Westmont Yard Corp., and all of its directors, officers, shareholders, subsidiaries, partners, agents, employees, representatives, successors, parents, heirs, executors, administrators and affiliates thereof (collectively, the "Releasees") from and against any and all claims, suits, losses, damages, judgments, expenses, costs, and liabilities (including, without limitation, reasonable attorneys' fees, court reporter fees, expert witness fees and court expenses) which hereinafter may accrue or arise against any one or more of the Releasees, and which in any way arise out of or are in any way related to (a) the Program; (b) the Premises; (c) Bellerive Park in Westmont, Illinois (the "Park"); (d) equipment and/or facilities in or around the Premises and/or in any way associated with the Program or Westmont Yard Corp., including, without limitation all such equipment and/or facilities owned and/or controlled by Westmont Yard Corp.; (e) my or my minor child's participation in and/or attendance at any Program event, activity or competition (regardless of the location), and/or my or my minor child's interaction or exchange with any person(s) at such events, activities or competitions; (f) my or my minor child's traveling between the Premises and/or the Park; (g) my or my minor child's participation in any activity at the Park, attendance at the Park, interaction or exchange with any person(s) at the Park, and/or use of any equipment, facility, playground and/or instrument at the Park; and/or (h) the use of my or my minor child's name, photograph, quotation and/or likeness to the full extent stated in paragraph 2 below.

2. I and my minor child give Releasees and/or any one of them permission to use my and/or my minor child's name, photograph, quotations and/or likeness on the following basis [**Initial One**]:

___ On the internet and/or in any print and/or media platform, including, without limitation, newspapers, magazines, booklets, Facebook, Instagram, Twitter and/or any other print or social media platform, and in any advertisements, announcements, publications and/or promotions, including, but not limited to, in connection with the Program and/or Westmont Yard Corp., with our personal identifiers, e.g., name(s), and I agree that neither I nor my minor child shall be entitled to any compensation for such use in any way whatsoever.

___ On the internet and/or in any print and/or media platform, including, without limitation, newspapers, magazines, booklets, Facebook, Instagram, Twitter and/or any other print or social media platform, and in any advertisements, announcements, publications and/or promotions, including, but not limited to, in connection with the Program and/or Westmont Yard Corp., without our personal identifiers, e.g., name(s), and I agree that neither I nor my minor child shall be entitled to any compensation for such use in any way whatsoever

___ For internal Program and/or Westmont Yard Corp. purposes only, e.g., pictures or announcements displayed inside the Premises, with our personal identifiers, e.g., name(s), and I agree that neither I nor my minor child shall be entitled to any compensation for such use in any way whatsoever.

___ For internal Program and/or Westmont Yard Corp. purposes only, e.g., pictures or announcements and displayed inside the Premises, without our personal identifiers, e.g., name(s), and I agree that neither I nor my minor child shall be entitled to any compensation for such use in any way whatsoever.

___ I and my minor child do not give Releasees and/or any one of them permission to use my and/or my minor child's name, photograph, quotations and likeness in any capacity whatsoever.

3. I grant permission for my minor child to accompany Program personnel in order to travel between the Premises and the Park, and to participate and/or attend in any Program activity, event and/or competition of any kind located at the Park.

4. I and my minor child have been fully informed regarding the Program and the Park, and any questions we had regarding the same have been answered. I and my minor child agree to assume any and all risk that is in any way associated with, related to or occurs as a result of my or my minor child's participation in any activity associated with the Program and/or the Park, attendance in or around the Premises and/or the Park, and/or use of any of Westmont Yard Corp.'s and/or the Park's facilities or equipment. I and my minor child understand the danger of personal injury that may result from participation in any events, activities and/or competitions in the Program and/or at the Premises or the Park, including, but not limited to, being struck by athletic or recreational related equipment or another individual.

5. I and my minor child agree to follow any and all rules of conduct and play set by Westmont Yard Corp. relating to the Program, the Premises and/or the Park which may be modified from time-to-time in Westmont Yard Corp.'s discretion without advance notice. Failure to do so may result in suspension and/or ejection from participation in the Program.

6. I hereby state that I have full and absolute legal custody of the aforementioned minor child. If my minor child sustains an injury or illness that, in Westmont Yard Corp.'s sole discretion, is life threatening or in need of emergency treatment, I hereby give my consent to Westmont Yard Corp. and/or any of its authorized staff to summon any and all professional emergency personnel to attend, transport, and/or treat my minor child and to issue consent for medical diagnosis, treatment, and/or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in Illinois. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of Westmont Yard, Corp. and its authorized staff in the exercise of their best judgment upon the advice of any such medical or emergency personnel. I agree to assume full financial responsibility for any and all expenses of such medical transport and care of my minor child.

Participant Name (please print): _____

Address (street, city, state, zip): _____

Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact # 1 (please print name and phone number) _____

Emergency Contact # 2 (please print name and phone number) _____



Before Camp Care/After Camp Care Participation Form

CHILD'S NAME: _____ AGE: _____ GRADE: _____

WHAT CAMP YOUR CHILD IS SIGNED UP FOR: _____

WEEK OF CAMP: _____ DAY OF THE WEEK (Please check all that apply) :

DROP OFF TIME: _____ PICKUP TIME: _____

ADDITIONAL INFORMATION:

DAY	AM	PM
MON		
TUE		
WED		
THUR		
FRI		

DATE: _____ PARENT/GUARDIAN SIGNATURE _____

*Must fill out separate form for each week of camp