

Mt. Prospect Park District

All children welcomed between K – 5th Grade

Spring Break Camp 2017

- Located in the RecPlex Kids Klub Room 420 West Dempster, Mt. Prospect
- Hours of operation 7:00 AM - 6:00 PM.
- Drop off from 7:00 AM - 9:00 AM. Pick up from 3:30 PM - 6:00 PM.
- There is a \$5.00 cash late fee for every 5-minute or portion of that after 6:00 PM.
- No refunds 5 business days prior to each day of camp.

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| Sign up for ALL 5 Days! First Child \$175 / Additional Child \$160 |
| Sign up for 1, 2, 3, or 4 Days First Child EACH Day \$40 / Additional Child EACH Day \$35 |

| Dates | Trip | What to Bring |
|-----------------------|--|--|
| Monday March 27 | AM: Winnie the Pooh Play in Palatine PM: Disney themed games/activities | Lunch w/beverage, Dress as your favorite Disney character! |
| Tuesday March 28 | ALL DAY: Odyssey Fun World | Lunch w/beverage, Extra money, socks & gym shoes |
| Wednesday March 29 | AM: Jungle themed games and crafts PM: Rockin' Jump (Individual waiver) | Lunch w/beverage, socks & gym shoes |
| Thursday March 30 | AM: Blast Zone (Individual waiver) PM: 'Out of this world' activities | Lunch w/beverage, socks & gym shoes |
| Friday March 31 | AM: Pump It Up (Individual waiver) PM: Swimming @ RecPlex | Lunch w/beverage, Swimming supplies, socks & gym shoes |

If your child has any special considerations that the staff would need to know about please contact Kristina Winans / Kathy Muellner at (847) 640-1000 or kwinsans@mppd.org / kmuellner@mppd.org



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Registration and Permission Form

- Please fill out this entire form and return to RecPlex, Lions, or CCC Front Desk to Register
- **CIRCLE** each program registering for under **CODE**
- Please note: 3 dates require an **extra** permission slip. Please complete additional permission slips and attach at registration.

| Dates | CODE | Extra Permission Slip Required |
|-----------------------------|--------------|---|
| Monday - Friday March 27-31 | 30000 | ALL 3: Jump: _____ Blast: _____ Pump: _____ |
| Monday March 27 | 30001 | N/A |
| Tuesday March 28 | 30002 | N/A |
| Wednesday March 29 | 30003 | Rockin' Jump – Attached _____ |
| Thursday March 30 | 30004 | Blast Zone – Attached _____ |
| Friday March 31 | 30005 | Pump It Up – Attached _____ |

Child (ren) Full Name(s): _____ Grade(s): _____

Parent/ Guardian Contact: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Emergency Contact will need to be available to pick your child up within 15 minutes.

- Please indicate below your child(ren) Swimming Permission

_____ **Never went swimming** _____ **Taken basic swim lessons** _____ **Strong swimmer**

- Children will need to complete a swim test in order to swim in deeper water

This test is not mandatory for children who would like to stay in water 3' 7" and under

_____ **Yes Swim Test** _____ **No Swim Test** _____ **Needs Lifejacket**

Any special considerations for your child to make his/her camp experience successful:

I hereby agree to abide by all Mt. Prospect Park District's rules and regulations as they pertain to Park District facilities or services, and any resulting consequences for failing to abide by them. By their very nature, many Park District programs involve body contact. Substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk to users. It is recommended that you check with your physicians prior to participating in these activities. The Park District does not provide insurance protection for participants in Park District activities. Registration in any Park District facility use pass or admission assumes full responsibility on the part of the registrant for any risk, implicit or direct, by participation in said activity or facility. Further, the registration agrees to the following: I fully recognize the risks of injury or illness inherent in this program and represent to the Park District that I offer my authority for me or for my child to participate. I hereby release and discharge the Mt. Prospect Park District and its officers, directors, employees and volunteers from any and all claims, actions or causes of judgments whatsoever including attorney's fees and costs which might arise from said participation. I hereby execute this release and acknowledge that such participation is at my own risk. I hereby grant emergency treatment for my child if I cannot be reached.

Parent Signature: _____ Date: _____

This activity is not sponsored by Community Consolidated School District 59, or any of its schools, or groups officially associated with the District.