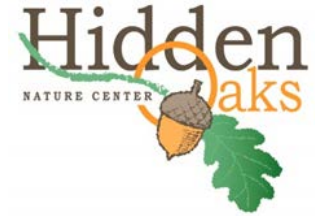


# 2018 Summer Nature Camp: Registration Form

Camper Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Household # \_\_\_\_\_ Email \_\_\_\_\_ (needed for camp newsletter)



Camp	Day	Time	Res/ FEE	After Early Bird Date
Eco- Voyagers	M - F	9:00 am – 3:00 pm	\$110/\$156	\$135/\$181
Eco-Trekkers	M - F	9:00 am – 3:00 pm	\$110/\$156	\$135/\$181
Eco-Explorers	M - F	9:00 am – 3:00 pm	\$110/\$156	\$135/\$181
Sunset	M-F	3:00 pm - 5:00 pm	\$25/\$32	

**\$25 FEE** if Registered after Early Bird Date

Week	Date	Theme	Voyagers	Trekkers	Explorers	Sunset	Early Bird Date
1	June 4-8	Where the Wild Things Are	33415A	33416A	33417A	33408A	May 28
2	June 11-15	Nature Detectives	33415B	33416B	33417B	33408B	June 4
3	June 18-22	Stepping Through History	33415C	33416C	33417C	33408C	June 11
4	June 25-29	Dig Into Dirt	33415D	33416D	33417D	33408D	June 18
5	July 2-6*	Sky's The Limit	33415E	33416E	33417E	33408E	June 25
6	July 9-13	Animal Engineers	33415F	33416F	33417F	33408F	July 2
7	July 16-20	Wacky World of Water	33415G	33416G	33417G	33408G	July 9
8	July 23-27	Habitat Hideaways	33415H	33416H	33417H	33408H	July 16
9	July 30-Aug. 3	Paleoquest	33415J	33416J	33417J	33408J	July 23
10	Aug. 6-10	Child vs. Wild	33415K	33416K	33417K	33408K	July 30

## WAIVER

As a participant in Nature Camp, I recognize and acknowledge that there are certain risks of physical injury and I and those in my charge agree to assume the full risk of any injuries, including death, damages or loss which I and those I my charge may sustain as a result of participating in and any and all activities connected with or associated with such use of Park District Facilities or Park. I agree to waive and relinquish all claims I and those in my charge may have as a result of use of Park district Facilities or Parks against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I and those in my charge may have or which may occur to us on account of our participation in the use of Park district Facilities or Parks.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all losses sustained from injuries, including death, damages and losses sustained by me and those in my charge and arising out of, connected with, or in any way associated with the activities in the use of Park District Facilities and Parks.

I have read the above permissions and fully understand Program Details and Waiver and Release of all claims.

Code	Session	Fee

Parent/Guardian Signature

Date

## *Eco Nature Camp Theme Descriptions*

### **Week 1: *Where the Wild Things Are***

Do you know the difference between a mammal and a reptile? Do you know how coyotes hunt, or why skunks smell bad? Join us for this week of camp as we learn all about the animals that live in and around the nature center. Through stories, games, craft, and activities, and hands-on encounters, learn what makes these animals unique.

### **Week 2: *Nature Detectives***

Animals leave behind clues wherever they go, but many are hard to spot. Put your thinking caps on for the week and discover how to tell if a coyote was in your backyard, or if a deer ate part of your bush! By learning about their footprints, bones, skulls, and furs, we can follow their clues and see what they see, or solve our very own nature crime!

### **Week 3: *Stepping Through History***

Hundreds of years ago, the land and people in Illinois looked very different. There were early settlers and Native people sharing this land. This week discover the world of the Native peoples of Illinois and learn about their customs and games. Work together with other campers to help build a bark house and make a home site. Learn about the Pioneers who first settled Illinois and how they lived. This will be a fun, interactive week of camp!

### **Week 4: *Dig Into Dirt***

Come get messy and muddy this week! Each day will be a new adventure as we investigate and discover the things that live in the dirt, like bugs, worms, fungus, roots, and more! Make mud pies, learn about nutrients and compost, help plant a garden, and more! Make sure to bring extra clothes this week!

### **Week 5: *Sky's The Limit***

So much exists in the space above the ground. In this camp, we'll explore and learn all about what exists in the sky. Investigate how wind moves and how birds and airplanes are able to fly. Create some clouds and learn about lightning and thunder. Become an astronomer and discover why we only see one side of the moon, and just how big the sun really is. Learn about the stars, constellations, and fun things about other planets. This camp has something for everyone!

### **Week 6: *Animal Engineers***

In the human world we have scientists and engineers that conduct experiments, figure out the best way to build things, and help out the rest of us. Did you know that there are animals that are scientists, engineers, and architects? Termites, weaver birds, and beavers are just a few of the creatures we'll investigate! Learn their secrets and try to imitate them through games, experiments, building challenges, and more!

### **Week 7: *Wacky World of Water***

Heat of summer getting you down? We have just the thing to cool you down! Join us for a week of wet and wild fun! Dive into science and learn more about the properties of water! Bring your waders and study the lake and rivers and the animals that live in them! Participate in some water games and team challenges! Make sure to bring extra clothes this week!

### **Week 8: *Habitat Hideaways***

Leave your habitat for a week and discover some of the other habitats around the world! Dive into the ocean and learn about whales and squid. Swing through the jungles and learn what secrets the trees and animals have to offer. Bring your water as we figure out how animals survive in the desert! Each day will be a new adventure in a new habitat filled with games, crafts, and more!

### **Week 9: *Paleoquest***

Calling all Rock Hounds and Paleontologists! The ground you walk on hides all sorts of surprises! This week in camp we'll discover how the earth looked millions of years ago. Investigate different kinds of rocks through hands-on investigations, experiments, and crafts. Crack open a geode and find the hidden gems inside! Learn about fossils and go on a dino dig. Put your dinosaur knowledge to the test!

### **Week 10: *Child vs. Wild***

Do you have what it takes to survive in the wild? Train all week in the skills of a survival warrior: learn to make a fire, walk silently, identify poison ivy and venomous spiders, make your own fishing pole, and other useful skills. Then compete in a team of your fellow campers against others to see who wins: Child, or wild?



# Bolingbrook Park District

419 Trout Farm Road  
Bolingbrook, IL 60440  
Phone: (630) 739-2600  
Fax: (630) 759-3056

March 1, 2018

Camp Parent/Guardian;

We are updating our Nature Camp record forms for 2018 and need your assistance ensuring that we have your camper's current information on file. Attached are the forms we have on file, please review and if the information is correct please sign at the bottom of this letter indicating all the information is accurate. If anything has changed you will need to fill out new Nature Camp forms.

Thank you for your help,

Melinda Weaver  
*Environmental Education Manager*

I have reviewed the Nature Camp Forms and the information is accurate and up to date.

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Print Name

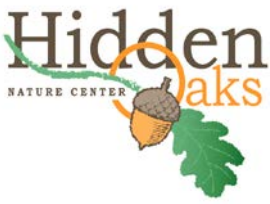
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Signature

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Date





# NATURE CAMP EMERGENCY INFORMATION FORM (To Be Filled Out By Parent)

Name of Camper: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Phone where parent can be reached during camp time: \_\_\_\_\_

SPECIFIC ALLERGIES (FOOD, DRINK, ENVIRONMENTAL):  
\_\_\_\_\_

Two emergency contacts in the event of an emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

The information requested here will help our staff develop effective strategies in relating to your child. This information is considered sensitive and will only be used by those directly involved with your child. Thank you for providing as much information as possible.

Has your child been in a camp situation before?  yes  no

Does your child participate in any special services in school?  yes  no

If yes, please describe: \_\_\_\_\_

Are there any special consideration or needs that may come up in the camp experience?  yes  no

If yes, please describe: \_\_\_\_\_

Please include any additional information about your child that would be helpful for us to know in this space (fears, special needs, behavior concerns, etc.). Feel free to attach paper to this form if necessary.



### Authorized people to pick your child up:

Name	Relation to Child	Phone #

Permissions

**PARENT PERMISSION TO PROVIDE A PHYSICIAN AND HOSPITAL TREATMENT**

I hereby give my permission for the Bolingbrook Park District to call a physician or have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume financial responsibility for this.

**PHOTOGRAPHY**

I understand that my child or I may be photographed or videotaped while participating in a Bolingbrook Park District Program. I give permission for photos and/or videotapes of my child or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Park District.

**WAIVER**

As a participant in Nature Camp, I recognize and acknowledge that there are certain risks of physical injury and I and those in my charge agree to assume the full risk of any injuries, including death, damages or loss which I and those I my charge may sustain as a result of participating in and any and all activities connected with or associated with such use of Park District Facilities or Park. I agree to waive and relinquish all claims I and those in my charge may have as a result of use of Park district Facilities or Parks against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I and those in my charge may have or which may occur to us on account of our participation in the use of Park district Facilities or Parks.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all losses sustained from injuries, including death, damages and losses sustained by me and those in my charge and arising out of, connected with, or in any way associated with the activities in the use of Park District Facilities and Parks.

I have read the above permissions and fully understand Program Details and Waiver and Release of all claims.

Printed Name of Parent or Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICATION DISPENSING PROCEDURE:**

\_\_\_ No my child will not be taking medication while at camp

\_\_\_ Yes my child will need to take medication while at camp \*

\*\*\*Please fill out the separate Permission to Dispense Medication Waiver and Release of Claims form

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***SIGN OUT RELEASE***

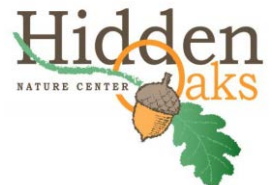
I give permission for my child \_\_\_\_\_ who is \_\_\_\_\_ years old to sign themselves out of Nature Camp at the end of the camp day (3:00 p.m.) for the remainder of my child's enrollment.

My child is ***at least ten years old***. I understand that the Bolingbrook Park District staff will no longer be responsible for my child after sign-out. I have explained to my child where I will meet them.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## Medication Dispensing Procedures for the Bolingbrook Park District and LCSRA

### I. Parental Procedures and Responsibilities

The parent/guardian must:

1. Complete the *Permission to Dispense Medication/Waiver and Release of All Claims form*
2. Complete and sign the *Medication Dispensing Information form*
3. Deliver all medications to the full time program supervisor in the original prescription bottle (you can request an extra bottle from your pharmacy) a week prior to the start of the program. The bottle must contain the participants name, medication, dosage, and time of day medication is to be given
4. Verbally communicate with program supervisor any specific instructions regarding the medication
5. All medication will be held and dispensed by a designated program staff
6. Medication will not be administered if the above procedures are not completed
7. If medication is an Epi-pen or inhaler an additional waiver must be signed

### II. Staff Procedures and Responsibilities for Dispensing Medications

Program supervisor / staff must:

1. Ensure that the *Permission and Waiver to Dispense Medication Form* and the *Medication and Dispensing Information Form* are fully completed and signed by the parent/guardian prior to the dispensing of any medication; all forms will be included in the program information given to staff
2. Ensure that only authorized staff accept medication which may include: program manager or supervisor or program lead staff.
3. Verbally communicate with the parent/guardian regarding any specific instructions regarding the dispensing or storage of the medication. It is also the responsibility of the authorized staff who receive medication to properly store it in a locked box or cabinet. It is extremely important that stored medication is out of reach of other patrons and participants in the program.
4. Obtain copies of all waivers, internal procedures, medication information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized staff.
5. Program coordinators/leaders responsible for dispensing medication must strictly follow all written instructions on the medical information form and information on the original prescription container. In the event that conflicting dispensing information exists, medication cannot be administered until the parent/guardian is reached in order to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained Park District staff will be allowed to dispense medication
7. Staff responsible for dispensing medication will fully complete the medication log sheet. These logs will be turned into the program supervisor and will be kept and stored for at least three years upon the conclusion of the program.

**Bolingbrook Park District and LCSRA**

**Permission to Dispense Medication – Waiver and Release of All Claims**

The Bolingbrook Park District and LCSRA will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Forms have been fully completed by a parent/guardian. Please review the Park Districts and LCSRA's internal procedures on dispensing medication.

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

give permission to the staff of Bolingbrook Park District/LCSRA to administer the medications listed below to my child.

I understand it is my responsibility to give the medication directly to the full time program supervisor in the original prescription containers.

PARTICIPANTS NAME \_\_\_\_\_

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

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

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give permission to the Bolingbrook Park District/LCSRA staff to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment for any and all medical services rendered.

**Waiver and Release of All Claims**

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Bolingbrook Park District/LCSRA administering medication to my minor child, I do hereby fully release or discharge Bolingbrook Park District/LCSRA, and its officer, agents, volunteers and employees from any and all claims from injuries, damages, and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Bolingbrook Park District / LCSRA Medication Dispensing Information**

*This form must be completed annually, OR if there are changes in medications*

**DATE COMPLETED:** \_\_\_\_\_

**BACKGROUND INFORMATION**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION INFORMATION**

1. Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Dispensing & Storage Instructions \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

2. Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Dispensing & Storage Instructions \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

3. Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Dispensing & Storage Instructions \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

**OTHER INFORMATION** \_\_\_\_\_

**I understand that it is my responsibility to give the medication directly to full time program supervisor with full instructions in an original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another *Permission and Waiver to Dispense Medication Form and Medication Information Form*. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child is accurate. I also understand that it is my responsibility to inform the Park District if there are any changes in the dispensing of medication.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**