Summer Camps 2024

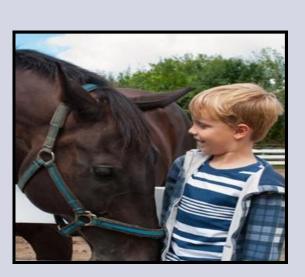
Spots Still Open - Don't Miss Out.

Parent and Tot Day Camp

Ages 3 to 5
Session 3: Mon. August 5th
9:00 am-11:00 am

Explore the wonderful world of horses with your tot!

This is a two hour, **one day camp**offered for our younger horse lovers and their parent!





\$66 (Kendall County residents) **\$72** (Out-of-County)





Kendall County Forest Preserve District 2024 Summer Camp Programs

| Summer Camp Registration Forms (Pages 1-3) | | | | | | | | |
|---|----------------|---|------------------------------|-----------------------|--|--|--|--|
| Camper Information | | | | | | | | |
| Name of camp: | | | | | | | | |
| Date of camp: | | | | | | | | |
| | | | | | | | | |
| Child's name: | | | | | | | | |
| Date of Birth: | Date of Birth: | | Grade Entering in Fall 2024: | | | | | |
| | | | | | | | | |
| Parent/Guardian Name: | | | | | | | | |
| Address: | | | | | | | | |
| City: | | State: | | ZIP: | | | | |
| Cell Phone: | | Other Phone: | | | | | | |
| Email Address: | | | | | | | | |
| | | | | | | | | |
| Your signature below indicates that you have read and agree to the following, #1-#6 statements and that your child has your permission to attend this program: | | | | | | | | |
| 1. I have been informe supervised program. | ed of | the details of this program. My child has my pern | nission to | o participate in this | | | | |
| | • | nild will be under the instructor's, or other author | - | | | | | |
| - | | agree to instruct my child to obey all rules, regula | | • | | | | |
| | | horized personnel. I further agree that no instruc sponsible or liable for injuries or other mishaps c | | | | | | |
| deliberate disobedience of rules, regulations, or instructions. | | | | | | | | |
| 3. I authorize the instructors or other authorized personnel, acting in my place, as parent, to give | | | | | | | | |
| consent to any hospital or physician to provide my child with whatever examination, treatment, | | | | | | | | |
| hospitalization, medical or surgical care that may be needed in the event that an injury or illness may occur to my child while attending the program. | | | | | | | | |
| - | | 's use of photographs and recordings for educatio | nal, pror | motional or publicity | | | | |
| purposes and agree that these photographs and recordings may be displayed during presentations or | | | | | | | | |
| published in mass media publications, newspapers, social media promotions, or websites. | | | | | | | | |
| 5. I authorize the instructors to take my camper on hikes and (if applicable for your child's camp) special excursions off site. I also authorize the camper to ride as a passenger in a vehicle owned or | | | | | | | | |
| _ | | nty Forest Preserve District organization. | :i iii a ve | inicle owned of | | | | |
| | | No refunds for cancellations with less than tw | o weeks | s notice prior to | | | | |
| the first day of the pro | ograi | m. A \$20 non-refundable registration fee is includ | led in thi | s program fee. | | | | |
| Signature: | | | Date: | | | | | |
| | | | | (D. 4.60) | | | | |
| | | | | (Page 1 of 3) | | | | |

| Summer Camp Payment Information & Mailing Instructions | | | | | | |
|--|--|---------------------------|----------------------------------|---------------------|--|--|
| Child's Name: | | | | | | |
| Name of Sumn | ner Camp: | | Date of Camp: | | | |
| Camp Fee: | | | | | | |
| | | | | | | |
| Payment Optio | | | | | | |
| <u> </u> | erson drop-off only) | 2 | District Mailed and a | (C) | | |
| Check (Make payable to Kendall County Forest Preserve District—Mailed or drop-off) | | | | | | |
| Credit card (Fill out information below) | | | | | | |
| Credit Card Information (2.5% processing fee will be applied) | | | | | | |
| Name on Card: | Great Gara information (2.5% processing fee will be applied) | | | | | |
| Billing Address: | | | | | | |
| City: | _ L | State: | | ZIP: | | |
| Card Type (cire | cle one): Visa Mast | er Card Discover (| Card | | | |
| Card | | | | | | |
| Number: | | | | | | |
| Security Code: | | Expiration Date: | | | | |
| I authorize Ker dates as noted. | | erve District to charge | my credit card the amou Date: | nt indicated on the | | |
| | | | | | | |
| Please email, mail, or drop off your completed registration form, payment form, health form, & payment to Kendall County Forest Preserve District, Attn: Summer Camp, 110 W. Madison St., Yorkville, IL 60560. kadams@kendallcountyil.gov | | | | | | |
| | | <u>kadamse kendaneour</u> | <u>ityingov</u> | | | |
| Once registration forms & payment are processed- You will receive a confirmation email. Summer Camp letters with details & instructions about the camp for which you are registered, will be sent 1 week prior to camp. If you have any other questions or need assistance, please contact the Kendall County Forest Preserve District staff: Kimberly Adams; Environmental Education Coordinator at 630-553-2292 or email kadams@kendallcountyil.gov If you have questions regarding equestrian camps contact Kris Mondrella; Equestrian Program Coordinator kmondrella@kendallcountyil.gov at 815-475-4035. Thank you! | | | | | | |
| Office Use On | | | | | | |
| Forms rec'd: _ | | | | | | |
| Date Registered | l: | | | | | |
| Initials: | | KENDALI | COUNTY | | | |
| Confirmation E | mail: | | SERVE DISTRICT | | | |
| Email, 1 Weel | x Prior: | | | (Page 2 of 3) | | |

| Name of Summer Camp: | Date of Camp: | | | | | | |
|---|---|---|--|--|--|--|--|
| Personal Information | | | | | | | |
| Height: | Weight: | Sex: M F Non-binary | | | | | |
| | | | | | | | |
| Health History: Has th | ne camper experienced any of the follow dates. | ving? If so, circle and indicate | | | | | |
| Frequent colds | Asthma | Rheumatic fever | | | | | |
| Frequent sore throats | Chicken pox | Tuberculosis | | | | | |
| Sinusitis | Measles | Epilepsy | | | | | |
| Abscessed ears | German Measles | Heart problems | | | | | |
| Fainting | Mumps | Kidney problems | | | | | |
| Bronchitis | Whooping Cough | Sleep walking | | | | | |
| Stomach upsets | Diabetes | Constipation | | | | | |
| Hay Fever | Polio | Arthritis | | | | | |
| Frostbite | | | | | | | |
| | Fractures | Operations/Serious Injuries | | | | | |
| Other medical concerns: | | | | | | | |
| All and a Table area | | | | | | | |
| Medication (e.g. penicillin, aspir | per allergic to any of the following? If so in, sul- Foods (e.g. shellfish, milk, peanuts, etc.) | Insect bites (e.g. bee stings) | | | | | |
| fa, etc.) | | | | | | | |
| Plants (e.g. poison ivy) | Environmental (e.g. mold, dust, etc.) | Other (please indicate) | | | | | |
| | | | | | | | |
| Medications: Please no | ote any medications camper is taking an | d special instructions for staff. | | | | | |
| | | | | | | | |
| | Healthcare Provider Information | | | | | | |
| | nearthcare Frovider information | | | | | | |
| Physician name: | | | | | | | |
| Physician name: Office Name: | Phone Number: | | | | | | |
| - | Phone Number: | | | | | | |
| Office Name: | Phone Number: Policy Number: | | | | | | |
| Office Name: Hospital Preference: Medical Insurance Company: | Policy Number: | | | | | | |
| Office Name: Hospital Preference: Medical Insurance Company: Emergency Contact Inf | Policy Number: Cormation— Someone Other than the Par | | | | | | |
| Office Name: Hospital Preference: Medical Insurance Company: Emergency Contact Inf Emergency Contact Name: | Policy Number: Formation— Someone Other than the Paragram Relationsh | nip: | | | | | |
| Office Name: Hospital Preference: Medical Insurance Company: Emergency Contact Inf | Policy Number: Cormation— Someone Other than the Par | nip: | | | | | |
| Office Name: Hospital Preference: Medical Insurance Company: Emergency Contact Inf Emergency Contact Name: Primary Phone: Parent Agreement: The above | Policy Number: Formation— Someone Other than the Paragram Relationsh Alternate e medical information is complete and accurate | nip: Phone: to my knowledge. Also, my child is fit | | | | | |
| Office Name: Hospital Preference: Medical Insurance Company: Emergency Contact Inf Emergency Contact Name: Primary Phone: Parent Agreement: The above | Policy Number: Formation— Someone Other than the Parallel Relationsh Alternate | nip: Phone: to my knowledge. Also, my child is fit | | | | | |