



Olympia Fields Park District Summer Camp 2026 Rules and Guidelines Agreement

Pee Wee Camp, Youth Camp, and Leadership Camp (as well as Before and After Care) is designed for all campers to have a fun, safe and enjoyable summer. Below are the rules and guidelines to be followed during the program. If these rules and guidelines are not followed, some form of discipline may follow, up to and including dismissal from the program. The Park District appreciates your cooperation and understanding of these rules and guidelines. The complete list of rules can be found in the Parent Manual. The children will also be informed of the rules on the first day of camp. Examples of camper misconduct and reason for disciplinary action include but are NOT limited to:

- Show respect to all children, staff, equipment, supplies, facilities, and Park District guests
- Listen to all rules and instructions given by the Camp Counselors and Camp Coordinator
- Do not put him/herself or others into a dangerous situation
- Refrain from aggressive behavior that could cause bodily harm (bullying, hitting, play fighting, wrestling, throwing items). **Fighting will automatically result in immediate dismissal from the program**
- No outside toys or other personal items allowed into camp unless otherwise authorized (i.e. playing cards, PSP, cell phones, iPods, etc.)
- Refrain from using offensive and profane language (including teasing & demeaning language)
- Refrain from inappropriate touching and body language
- Stealing of equipment or child/staff belongings will not be tolerated, and will result in a **minimum suspension of one day**

Discipline Procedures:

- Below are levels of discipline. Every Camp Counselor has the right to deem which level is appropriate for the camper's misconduct. Each discipline is reviewed by the Camp Coordinator to make sure everyone is being treated fairly. Depending on each situation, a child may get multiple disciplines for the first level for different reasons, or may jump a few levels (some examples are listed above). To get further explanation of the levels, please see any of the staff.
- First Level of Discipline: Warning, timeout, parent notification
- Second Level of Discipline: 1-day suspension from the next field trip*, parent notification
- Third Level of Discipline: 2-day suspension from the next field trip*, conference with Camp Coordinator, parent, and child

- Fourth Level of Discipline: 1-week suspension from camp, conference with camp staff, Camp Coordinator, Recreation Coordinator, parent, and child
- Fifth Level of Discipline: Dismissal from program (no refunds)

The Camp Coordinator will interpret these rules. It is at the discretion of the Camp Counselors and Camp Coordinator to implement the discipline procedures, and it is at the discretion of the Camp Coordinator & Recreation Staff to suspend a child in violation of the above agreement.

** Suspension from a field trip only means the child will not be allowed to go on the field trip. They will still be allowed to come to camp and participant in all activities that will be located on-site.*

Please read and explain these rules and guidelines to your child(ren). Sign and return this agreement to the Camp Coordinator. The first page of the agreement is for you to keep, the camp staff only need this page.

I have read and agree with the rules and guidelines as stated in the “Rules and Guidelines Agreement”

Parent Signature: _____

Date: ____/____/____

Child’s Name: _____

Camp (circle one): Pee Wee Camp Youth Camp Leadership Camp
Child’s Name: _____

Camp (circle one): Pee Wee Camp Youth Camp Leadership Camp
Child’s Name: _____

Camp (circle one): Pee Wee Camp Youth Camp Leadership Camp

Olympia Fields Park District Summer Day Camp Information Sheet



Parent's Name: _____ Phone: (____) ____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

| Child's Name | Birth Date | Grade | Medical Concerns (allergies, medications, and/or medical history) |
|--------------|------------|-------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Emergency Contacts:

Mother's Name: _____ Phone: (____) ____ - _____

Father's Name: _____ Phone: (____) ____ - _____

Physician: _____ Phone: (____) ____ - _____

List anyone besides your emergency contacts who may pick up your child (they will become your emergency contacts):

| Name | Phone Number | Relationship to Child |
|------|--------------|-----------------------|
| | | |
| | | |
| | | |

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| | | |
| | | |

Waiver and Release of all Claims

Please read this form carefully! When you sign this form you waive and release all claims for injuries your child might sustain arising out of their use of the facilities and participation in the activities and programs at Olympia Fields Park District (OFPD), as well as all field trip venues.

Acknowledge risk injury: As a participant in the activities or programs at OFPD, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participation or use of such facilities, activities or programs.

Waive, Release & Indemnify: I hereby waive, release and discharge any and all claims I may have or may acquire against OFPD, its officers, agents, servants and employees as a result of my or my child's participation in the activities and programs of OFPD summer camp; and I agree to indemnify and hold harmless OFPD, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are using OFPD facilities.

I have read and fully understand the above Waiver and Release of all Claims Form.

 Print Name of Parent/Legal Guardian

 Signature of Parent/Legal Guardian

_____/_____/_____
Date

Signature below authorizes OFPD to transport your child to field trips and secure emergency medical transportation for your child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures. Please sign below if you grant OFPD permission to transport your child for field trips and emergency care.

 Signature of Parent/Legal Guardian

_____/_____/_____
Date

Olympia Fields Park District

Summer Day Camp Swim Permissions Slip

Duration: June 8, 2025 - August 7, 2025

Parental Authorization for Participation

My

child(ren),

___ (name of child/children) have my permission to swim at the splash pad on-campus (Tolentine Park on Governor's Highway) for swim days. Swimming is a privilege and campers may be excluded for various reasons including, but not limited to, failure to follow the splash pad rules or guidelines, failure to follow adult instructions, or bad behavior. [See swim rules safety attached hereto on the back.]

I understand that during this event or during related activities, my child may be photographed. In addition, I realize and specifically acknowledge that there always exists the possibility of an unforeseen accident causing harm to my/our minor child. Nevertheless, I grant permission for my minor child to participate in the above described activities. I, the undersigned, acknowledge and agree that swimming can be a dangerous activity involving MANY RISKS OF INJURY. I understand that such risks include, but are not limited to: death, serious neck and spinal injuries that may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other skeletal components, and serious injury or impairment to other aspects of the body, general health, and well-being.

I understand and agree that because of the dangers involved at a splash pad, and it is important to follow the guidelines set by the splash pad staff and summer day camp counselors regarding the splash pad. I have read and understand the above physical and emotional injury risk warning and agree to assume any and all risks of physical and/or emotional injury and any results from such injuries to my child/ward.

This authorization will remain in effect while the above minor is involved in participation in any Olympia Fields Park District Summer Day Camp program or activity unless revoked in writing by the under-signed and delivered to the aforesaid agent. I understand that neither the Olympia Fields Park District nor its employees, officers, commissioners, or agents are liable for any injury sustained by my child while he/she is participating in Olympia Fields Park District Summer Day Camp activities. I agree to release and hold harmless Olympia Fields Park District and its employees, officers, commissioners, or agents from any and against any and all liability, loss, damages, claims, or actions for bodily injury, and/or property damage, in accordance with current state and federal law, arising out of participation in Olympia Fields Park District Summer Day Camp activities. The terms thereof

shall serve as a release and assumption of risks for my child, heirs, estate, executor, administer, assignees, and for all members of my family.

I, do hereby authorize Administration, Recreation Supervisor, Camp Coordinator, and Camp Counselors, or other proper agents of the Olympia Fields Park District to act as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor child which is deemed advisable and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medicine-Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, school, or elsewhere. I agree to the cost of such treatment.

Olympia Fields Park District

Summer Day Camp Swim and Splash Pad Rules and Guidelines

- ❖ Swimmers will receive instruction and be supervised at the pool and splash pad
- ❖ NO running, jumping, or climbing the water apparatuses
- ❖ NO rough housing/horseplay
- ❖ All campers MAY NOT hang, hold or splash each other
- ❖ NO food or drink in splash pad
- ❖ All campers MUST ask to leave and use the restroom, and must be escorted by a counselor
- ❖ All campers who have open wounds or if they're bleeding will not be allowed to enter the pool
- ❖ All campers must wear sunscreen
- ❖ All campers must have a labeled swimsuit, sun screen and towel. Other things that should be sent with are a water bottle and lunch. We will be taking a lunch break, as well as breaks to apply sunscreen often
- ❖ All campers MUST always wear shoes while walking to and from the splash pad. Open toed shoes are acceptable while walking in the splash pad only!

I agree, with my child(ren), to follow all rules set forth on this document, as well as any other rules the designated life guards and counselors give.

Parent or Legal Guardian Signature:

Parent or Legal Guardian Printed Name: _____

Date: _____

Permission to Dispense Medication

Waiver & Release of all Claims

This form MUST be completed for each individual child

The Olympia Fields Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The Park District's internal procedures on dispensing medication are available for review.

If your child DOES NOT need medication, please fill out this first section, write "no medication" on the Name of Medication Line, then sign and date the bottom page 1.

Name of Program _____ Date _____

I, _____ the parent/guardian of _____
Print Name Print Name

Give Permission to the staff of the Olympia Fields Park District to administer to my child

Name of Medication _____

I understand that it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

Participant's 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 my permission to the Olympia Fields Park District 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 of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. In the consideration of the Olympia Fields Park District Staff administering medication to my minor child, I do hereby fully release or discharge the Olympia Fields Park District, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with the administering of medication. I further agree to indemnify, hold harmless and defend the Olympia Fields Park District, and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by 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 of Guardian

Date

MEDICATION DISPENSING INFORMATION

This form MUST be completed for each individual child

**This form must be completed for each program session or when medication changes.*

Background Information:

Participant's Name _____ Age _____

Address _____

Parent/Guardian Name(s) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Other Phone (_____) _____

Program Name: (circle one) Pee Wee Camp Youth Camp Leadership Camp

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 program staff, with full instructions, in individual dosage containers, already labeled envelopes, or in 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, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Park District Staff if there are any changes in the dispensing of medication.

Signature of Parent or Guardian

Date

WAIVER & RELEASE OF ALL CLAIMS FOR USE OF INHALER OR AUTO-INJECTOR

WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.*, 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 in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Olympia Fields Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, 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 possession, self-administration, or use of medication. 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.

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 or arising out of the possession, self-administration, or use of medication against the Olympia Fields Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Olympia Fields Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Olympia Fields Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Olympia Fields Park District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name

Parent/Guardian's Signature

Date _____

PARTICIPATION WILL BE DENIED

If the signature of parent/guardian and date are not on this waiver.

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