

2017 Kids Camp Application

Fill in and sign all pages!!

You may return to St Margaret's Switchboard

Or

Mail to: St Margaret's Health

c/o: Health Promotions

600 E. First Street

Spring Valley, IL 61362



Any questions? Call Kerri Donahue, RN, Kids Camp Coordinator 664-1440

Parent Information-Please Keep

RULES : St. Margaret's Healthy Kids Camp

July 10-14 & July 17-21, 2017

9:00 AM to 11:00 AM daily

- 1) All campers must wear shoes with a solid heel support. No flip flop, sandals, clogs.
- 2) **Please do not send your camper with beverage or food.** Healthy Kids Camp will provide water and food snack.
- 3) Please apply sunscreen on your camper before arrival.
- 4) A signed parent note is required for campers who are being picked up by any other person than the legal parent. A signed parent note is also required for any camper who is walking to their destination following dismissal from camp.
- 5) Please be on time to promptly pick up campers at 11:00AM.
- 6) The purpose of this camp is to promote healthy nutrition and physical activity. Please encourage your child to participate during the activities that are provided.
- 7) Please notify Camp staff of any concerning medical, emotional or special need issues that will assist us in providing a positive camp experience.
- 8) **ABSOLUTELY NO FIGHTING, BULLYING, OR FOUL LANGUAGE WILL BE TOLERATED.**

St. Margaret's/ University of Illinois Extension Healthy Kids Camp 2017

Name: _____ Birth date: ____/____/____

Address: _____ City: _____ Phone #: _____

Grade in School: _____ Sex: M F _____
(For August 2017)

Permission for Medical Treatment: In the event of an emergency occurring while my child is attending the University of Illinois Extension (UIE)/St. Margaret's Healthy Kids Camp, I hereby grant permission to (UIE)/St. Margaret's and its employees to take whatever action deemed necessary. In the event that I cannot be reached, I hereby authorize the camp staff to give consent for my child, _____, to receive medical treatment.

Allergies: _____ Environmental / Food Allergies: _____

Routine Medications taken at home: _____

Will your child be bringing any self administered meds? (i.e. Asthma inhaler, Epi-pen)
Specify: _____

Parent/Guardian Signature Daytime Phone Number/ Date

Emergency Contact Phone Number

Name of Physician Phone Number

Name of Dentist Phone Number

Healthy Kids Camp

2017

Name _____

T-Shirt Size

Youth ___ small (6-8)

Adult ___ small

___ medium (10-12)

___ medium

___ large (14-16)

___ large

___ x-large (18-20)

___ x-large

RELEASE OF ALL LIABILITY AND WAIVER OF ALL CLAIMS

The undersigned, being either the parent or legal guardian of the minor child desiring to enroll in the St. Margaret's/University of Illinois Extension Healthy Kids Program being run by the City of Spring Valley and as sole consideration for my child's participation in the St. Margaret's/University of Illinois Extension Healthy Kids Program, I do hereby, on behalf of myself, my spouse, the child's parent, and my child do hereby release the City of Spring Valley and St. Margaret's Hospital and the University of Illinois Extension from any and all liability, whether in negligence or willful and wanton conduct, and waive and release any and all actions which may accrue for any injuries to my child's person and property, my child's treatment, and the consequences falling from the treatment for which the undersigned or my child claims the above named legal entities or persons or parties are legally liable in damages by virtue of my child's participation in the St. Margaret's/University of Illinois Extension Healthy Kids Program. This Release of All Liability and Waiver of All Claims shall also apply to any employee of either the City of Spring Valley and St. Margaret's Hospital and the University of Illinois Extension.

The undersigned warrants that no promissory inducement has been offered except the considerations set forth herein which is my child's participation in the St. Margaret's/University of Illinois Extension Healthy Kids Program. This release is executed without reliance on any statement or representation by the person or parties released, or their representatives, parents, guardians, or physicians, concerning the nature and extent of the injuries and consequential damages, if any occur, and the legal liability, if any, which may accrue as a result of any unforeseen accident. As parent or guardian of the undersigned child, I am of legal age, legally competent to execute this release, and I accept full responsibility for signing this release on behalf of my child or ward.

The undersigned agrees that this release applies to all unknown and unanticipated injuries or damages which may result from my child's participation in the St. Margaret's/University of Illinois Extension Healthy Kids Program, whether these injuries occur by virtue of ordinary negligence or willful and wanton conduct on the part of the City of Spring Valley, St. Margaret's and the University of Illinois Extension or either of their employees or agents.

PARENT or GUARDIAN:

DATED: _____, 20__



UNIVERSITY OF ILLINOIS
EXTENSION

College of Agricultural, Consumer and Environmental Sciences

Photo and Video Release

I grant the University of Illinois Extension the permission to disclose my (my child's) identity and to reproduce and distribute videotapes, films, photographs, and transparencies of me (or my child) and sound recordings arising out of

IL Junior Chef Program

Program and/or Activity

This image (photo or video) may be used in Extension publications or to otherwise promote Extension programs as in posters, audio/video presentations or other displays. The image may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing Extension programs.

Name of Subject

Parent or Guardian's Name

Address

Address

City State Zip

City State Zip

Subject's Signature

Parent or Guardian Signature
(If subject is a minor)

Date

Date

**ST. MARGARET'S HOSPITAL
RELEASE FOR USE OF PHOTOGRAPH**

I hereby give St. Margaret's Hospital, its legal representatives and assigns, those for whom the photographer is acting, and those acting with his/her permission, or its employees, the right and permission to copyright and/or use, reuse and/or publish and republish photographic pictures or portraits of me in color or black and white made through any media by the photographer at his/her for any purpose whatsoever, including the use of printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished photography or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless St. Margaret's Hospital, its representatives, assigns, employees, or any person or persons, corporation or corporations, for whom he/she might be acting including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing and/or reproduction of the finished product, its publication or distribution of the same.

I hereby warrant that I am over 21 years of age and competent to contract in my own name in so far as the above is concerned.

I have read the foregoing release, authorization and agreement before affixing my signature below and warrant that I fully understand the contents thereof.

Signature

Date

Address

Witness

Date

I hereby certify that I am the parent and/or guardian of _____, a child under the age of 21 years. I hereby consent that any photographs which have been or are about to be taken by St. Margaret's Hospital, its employees or representatives, may be used for the purpose set forth in the above release.

Signature of Parent/Guardian

Date

Address _____

St. Margaret's Healthy Kids Camp

Severe Weather Plan

In the event of severe weather prior to the start of Healthy Kids Camp, tune into WLPO/WAJK for an up-to-date status. We will attempt to have information available no later than 8:30 a.m. This information will be available at the St Margaret's switchboard at 815-664-5311.

In the event of rain, lightening, and/or thunder during the Healthy Kids Camp, we will proceed as follows:

1. All campers will be kept under a Spring Valley Park covered shelter for a minimum of 20 minutes elapsed time from the last sight/ sound of any lightening or thunder.
2. In the event of rain, campers will continue with activities and arts/crafts under a covered shelter until 11:00 a.m.
3. In the event of a severe thunderstorm warning or tornado warning, all campers will be placed in one of the three enclosed brick/block structures.
4. The main severe weather shelter will be the City of Spring Valley Pool building. Additional severe weather warning building structures include both of the restrooms that are located next to the first and third shelters (when entering Kirby Park from the southeast entrance).
5. All campers will be kept inside the severe warning shelter building until the "all-clear" is given by the camp coordinator in charge.
6. Parents, or their designated person, can pick up their camper(s) at any time due to severe weather.