

Round Lake Area Park District  
**BATON TWIRLING CAMP**  
Cover Sheet

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Program \_\_\_\_\_

Birthdate \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

***If you need Before and After Camp Care, please complete the Summer Trails School Age camp packet.***

- Camp Fee
- Welcome Letter
- T-Shirt Order Form
- Baton Order Form
- Emergency Contact Pick-Up Form
- Emergency Card Form
- General Registration Form
- Permission Form
- Behavioral Contract

**Indicate One and/or Both:**

- June Session
- July Session

***Payment is due with Completed Packet!***



Dear Parent(s),

You have registered your child for Baton Camp 2019, Tuesdays and Thursdays at Park School. We are very excited about this year and what will be offered.

If you need to contact the camp staff or if your camper will be absent, please call our direct line at 847.986.2180 and leave a message. We will be checking voice mail throughout the day and will return a call if needed.

First, let me give you a list of things your child will need to have with them each day at camp:

- Baton (if you have one).
- Water bottle/drinks.
- A sack lunch (peanut free).
- Snacks.
- Sunscreen and bug spray.
- Swimsuit (Thursdays are swim days).
- Towel.
- Gym shoes/Jazz shoes for twirling.
- Flip flops for swim.

We are asking everyone come to camp in clothes they can move in as well as wear outside.

**Allergy Alert!!** One of our campers who will be participating in camp has a severe peanut allergy. When making your child's lunch and packing snacks, we ask that you please do not use peanut butter and/or other peanut products.

**Shirt/Parade Costume.** Each twirler in camp will receive a shirt. Shirts will be ordered at the beginning of camp and handed out the week prior to the parade.

The attached forms must be filled out completely and returned by the first day of camp or sooner, in order for your child to participate.

Please feel free to contact me with any other questions or concerns.

Thank you,

Jessica Desens  
Performing Arts Supervisor  
Round Lake Area Park District



**BATON CAMP  
T-SHIRT ORDER FORM**

Child's Name \_\_\_\_\_

Please indicate size:

**Child:**  Small     Medium     Large

**Adult:**  Small     Medium     Large

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**BATON ORDER FORM**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Arm Length \_\_\_\_\_ Inches (to be completed by instructor).

*Payment:*

Cash / \$22.00

Check / Check Number \_\_\_\_\_ Amount \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact  
Pick-up Form**

Child's Name \_\_\_\_\_

Camp \_\_\_\_\_

Parents' Name:     Mother \_\_\_\_\_ Family's Last Name \_\_\_\_\_

                    Father \_\_\_\_\_

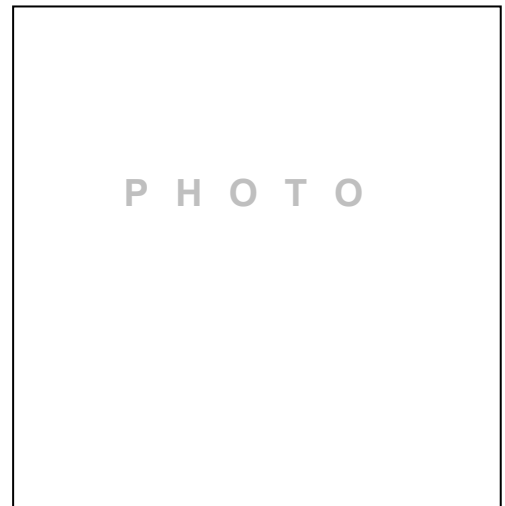
**We give permission that in case of illness, accident or late pick-up and we are unable to pick-up our child, one of the following individuals has permission to do so.**

Name	Address	Phone Number	Relationship

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**ROUND LAKE AREA PARK DISTRICT  
REGISTRATION FORM #2 / EMERGENCY CARD**

Please fill out this application completely. Accurate information is necessary so that we may best serve your participant. It is your responsibility to notify us immediately of any changes in employment or residence.



Date \_\_\_\_\_ Birthdate \_\_\_\_\_  
Participant's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

**PARTICIPANT'S PERSONAL INFORMATION:**

Gender:  Male  Female      Height \_\_\_\_\_ Weight \_\_\_\_\_  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Swim Ability:     swims independently     swims a little     cannot swim  
Any other distinguishing characteristics? (i.e.: birthmarks, scars, etc.) \_\_\_\_\_

**MOTHER'S FULL NAME** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**FATHER'S FULL NAME** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Employer \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**IN CASE OF EMERGENCY IF PARENT CANNOT BE REACHED:**

Name \_\_\_\_\_ Phone No./Relationship \_\_\_\_\_ / \_\_\_\_\_  
Address, City, State, Zip Code \_\_\_\_\_

**SECOND PERSON TO CONTACT:**

Name \_\_\_\_\_ Phone No./Relationship \_\_\_\_\_ / \_\_\_\_\_  
Address, City, State, Zip Code \_\_\_\_\_

**MEDICAL HISTORY:**

Allergies List \_\_\_\_\_  
Any Foods Your Participant Cannot Eat? \_\_\_\_\_  
Routine Medications List \_\_\_\_\_  
Surgery/Operations \_\_\_\_\_ Year \_\_\_\_\_ Results \_\_\_\_\_  
Date of Last Tetanus \_\_\_\_\_ Childhood Immunizations Up-to-Date?  Yes  No  
Is Participant Exempted from Any Activities?  Yes  No If Yes, Please Explain: \_\_\_\_\_  
Injuries/Accidents \_\_\_\_\_ Year \_\_\_\_\_ Results \_\_\_\_\_  
Any Additional Information SRSNLC Should Be Aware Of: \_\_\_\_\_  
Family Physician (Name/Address/Phone) \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

**CONSENT FOR TREATMENT:**

This Consent will be valid from \_\_\_\_\_ until rescinded in writing by the Parent or Guardian. In a medical emergency, I give my parental consent for the Round Lake Area Park District to take my participant \_\_\_\_\_ to the nearest hospital or medical clinic to receive necessary medical attention if the Round Lake Area Park District is unable to contact the Parent or Guardian.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

# GENERAL REGISTRATION FORM

(Formularios de inscripción en español se pueden encontrar en cualquiera de nuestras mesas de registro)

- Walk In:** Robert W. Rolek Comm. Center, 814 Hart Road in Round Lake or Sports Center, 2004 Municipal Way in Round Lake Beach
- Drop Off:** Box at Registration, 814 Hart Rd., Round Lake, IL 60073, **Check or Credit Card**
- Mail In:** 814 Hart Rd., Round Lake, IL 60073, **Check or Credit Card Only**
- On-line:** [www.rlapd.org](http://www.rlapd.org) or [www.roundlakeareaparkdistrict.org](http://www.roundlakeareaparkdistrict.org). **Make checks payable to Round Lake Area Park District. Returned checks \$15 service fee.**
- Fax It:** 847-740-8180 **Credit Card Only. When registering by fax, it is mutually understood that the facsimile registration document, (including the waiver and release of all claims), shall substitute for and have the same legal effect as the original form.**

Check one: <input type="checkbox"/> Resident, (process immediately)		<input type="checkbox"/> Non-Resident
Family Last Name		Home Phone
Address		Work Phone
City		E-mail Address
Name of emergency contact		Zip
		Cell Phone
		Relationship
		Emergency Phone

First Name Last Name, (if different)	Birthday	Grade	Sex	Program Name	Code	Start Date	Day	Time	Fee

Please list special accommodations you need to participate:

Please indicate if you will need inclusion services (Must fill out Inclusion Request Form)

Would you like to donate to the "Fun"ds for Recreation Scholarship Program?	Yes / No	Amount \$
Make checks payable to Round Lake Area Park District. <b>Returned checks \$15 service fee.</b>	Total Dollar Amount of Programs \$	

Please complete this portion if mailed or faxed in.

Credit Card, (check one):	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card #	Expiration Date:		Security Code:	
Payment Amount \$	Authorized Signature			

- Drop-off and mail-in forms are processed at random until class is filled.
- You will receive program confirmation by mail within 10 days.
- If a program is cancelled by the Park District, registrants will receive a full refund. Cancellations made by registrants more than 5 business days before the start date of a program will receive a full refund minus 20% up to a maximum of \$10.00.
- Registration is not valid unless waiver is properly signed.
- Make checks payable to Round Lake Area Park District. **Returned checks \$15 service fee.**
- **Definition of Family:** A family is defined as parents and their unmarried children, through 21 years of age, residing with them. Children, 22 years and older, as well as other relatives and/or individuals in the same household are NOT in the definition of family.

**Yes!** Please send me an E-Newsletter. I'd like to receive more information on Park District Events and programs.

E-Mail Address: \_\_\_\_\_

**I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT ON THIS FORM.**

Signature of Participant or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name of Parent/Guardian: \_\_\_\_\_

A parent/legal guardian must fill out the registration form and sign the waiver for children under 18 years. If you're not a parent, proof of legal guardianship is required in writing.

**Please see reverse side for Important Information** Turn Over

# WAIVER & RELEASE OF ALL CLAIMS

## Important Information

The Round Lake Area Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Round Lake Area Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances, inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Round Lake Area Park District to guarantee absolute safety.

## Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, 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 as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 participation. 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 participating in these programs/activities against the Round Lake Area Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Round Lake Area Park District, including its officials, agents, volunteers and employees from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

**PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.** Please read and print this 'Waiver and Release' page prior to completing the Registration Form. **Note:** Studio of Dance Class registration requires a special registration form and **registration must be made in person.**

## Photo Release

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



Round Lake Area Park District  
**PERMISSION FORM**

*Please initial each section below, and sign the bottom.*

**I GIVE MY CONSENT TO THE ROUND LAKE AREA PARK DISTRICT FOR MY CHILD, \_\_\_\_\_, TO:**

- Be transported by Round Lake Area Park District (RLAPD) staff in a district van, car, or rented school bus for field trips.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- I authorize the RLAPD staff to leave the school or school area with my child/ward for the purpose of park visits, or excursions under staff supervision.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- In an emergency, I give my consent for staff members to take my child to the nearest hospital or medical clinic to receive necessary medical attention, if unable to contact either parent.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- I give my consent to allow my child to be photographed, without compensation, for possible use in park district newsletters, brochures, social media or other publicity materials.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- While under the care and supervision of the RLAPD staff, I give consent for the district staff to administer First Aid to my child as needed.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

- I give my consent to allow RLAPD staff to apply sunscreen / insect repellent to my child as needed.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Print Parent / Guardian Name \_\_\_\_\_

Date \_\_\_\_\_



**Round Lake Area Park District  
BEHAVIORAL CONTRACT Form 7**

The Round Lake Area Park District has adopted a Behavior Management Program called P.B.I.S. – Positive Behavior Intervention Strategies. P.B.I.S. assists us in creating a school culture that encourages positive behavior and interactions, while discouraging problematic behavior. The process focuses on expectations, rather than rules; however there are still rules in place. The expectations set by the park district are: *Be Ready, Be Safe, Be Kind*. Staff will use a positive approach to behavior management; please refer to the Parent Handbook for the detailed policy. If inappropriate or unacceptable behavior occurs, prompt resolution will be sought using the steps outlined in the parent handbook.

**A). General Unacceptable / Inappropriate Behaviors**

- 1). Any aggressive behavior, (slapping, punching, kicking, biting, etc.), whether it is initiated or in retaliation.
- 2). Any disrespectful behavior toward staff and/or other participants.
- 3). Continuous disruptive behavior.
- 4). Any swearing or inappropriate language.

**B). Routine Procedures**

1). *First Warning*

The first time any inappropriate/unacceptable behavior occurs, the parent will be notified by phone, or written letter. If that behavior occurs again that day, the parent(s) will then be called to come and remove the child from the program for the remainder of that day.

2). *Second Warning*

If a child continues to display any unacceptable/inappropriate behavior after a first warning has been given, the child will then receive a written note of the second warning. This note will state the unacceptable/inappropriate behavior of the child and notify the parent(s) that one more incident of such behavior could lead to possible removal from the program. This letter must be signed by a parent and returned to the Director the next day of school.

3). *Third and Final Warning*

After a first and second warning have been issued and an inappropriate behavior is once again displayed, the parent(s) will be contacted by phone and in a written notice that their child must be removed from the program for a certain period of time or permanently, depending on the severity of behavior.

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***Please Return This Bottom Portion Only***

I have read the behavioral standards of the Round Lake Area Park District. I have also received a copy of the Parent Handbook, which includes the Behavioral Standards Policy / P.B.I.S. program of the Round Lake Area Park District.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_