

## 2024 Summer Camp Parent Handbook

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### Camp Park Explorers (Grades K-6)

Welcome to 2024 Summer Camp at River Trails Park District! At River Trails, we're all working together to achieve a common goal: to responsibly enrich the lives of our diverse community.

A new and exciting summer has been planned with weeks of recreational fun, games, on-site entertainment, and themed activities. River Trails is committed to providing a safe and structured environment that encourages personal growth and development, while having fun. It's a place where new and challenging adventures are undertaken with guidance and encouragement. This parent handbook has been developed to provide you with summer camp information along with our policies and procedures. Please read over the handbook carefully. If you have any questions, feel free to contact the Camp Administrative Staff.

#### Camp Administrative Staff:

Cassidy Lemrise- Recreation Supervisor of Youth Programming	847-463-3711 clemrise@rtpd.org
Justin Slade -Manager of Programs & Aquatics	847-463-3715 jslade@rtpd.org
Eileen Meyers- Customer Experience Manager	847-463-3716 emeyers@rtpd.org

#### Location

Camp days will take place at Willow Trails Park, 1 Apple Dr (Corner of Apple Dr. and Burning Bush Lane) Prospect Heights IL 60070

**All campers should meet under the Gazebo at the park. Your counselors and Site Supervisor will be there. All registration forms must be handed in and complete before your camper is allowed to stay at camp.**

#### Times

12:30-3pm

Mondays, Wednesdays and Fridays July 1- July 26

#### DROP OFF/PICK UP

Campers must be signed in by a parent or authorized adult each day camp meets. Sign in will take place under the Gazebo located in the park at 12:30 pm. Pick up will take place at 3:00 pm under the Gazebo each day camp meets. Campers must be signed out of camp by a parent or authorized adult each day camp meets. We reserve the right to ask for a photo I.D. If they are arriving late or leaving early, please sign your child in or out with the Site Supervisor.

#### Attendance

If your camper should leave early or anything different from the normal schedule, please contact camp staff by e-mailing the Camp Coordinator or sending a note with your camper to give to their counselor. **You will need to sign your camper out with the Camp Site Supervisor. Please allow time to do this.**

#### Camp Coordinator

Niko Samariniotis – [nsamariniotis@rtpd.org](mailto:nsamariniotis@rtpd.org)

John Potter – [jpotter@rtpd.org](mailto:jpotter@rtpd.org)

### **Walking/Biking to and from Summer Camp**

- All parents whose camper(s) are 8 years old and older who will be arriving at or leaving from camp unaccompanied by a parent, guardian or authorized representative of a parent/guardian **must complete the Release for Biking/Walking form**. Campers who leave Camp unaccompanied by one of the authorized individuals will be required to sign themselves out of the Camp immediately upon departure from Camp.
- Campers leaving Camp unaccompanied by one of the authorized individuals will only be allowed to leave camp at or near 3:00 pm, not at other times.
- Forms can be requested from Camp Administrative staff, the site supervisor, or found on the virtual backpack on our [www.rtpd.org](http://www.rtpd.org)

VIRTUAL BACKPACK  
Click on the backpack to  
see all Summer Camps  
Downloads



- Campers that ride bikes must lock them up at the outdoor bike rack. All bikes must be locked with the camper's own lock.
- There is **No BIKE or SCOOTER RIDING allowed during camp hours**.
- The River Trails Park District is not responsible for any lost, stolen or damaged bicycles.

### **RAINY DAYS**

**If it rains before or during camp with thunder and lightning; Camp will be cancelled, and parents or guardians will be called to pick up their campers and to sign them out.** Parents, please decide on an early pick up as soon as possible if you drive your camper to camp. **If camp has already started and it starts to rain, radar looks like its just a rain shower camp will finish up their day under the gazebo.** Campers that walked or rode their bike to camp will be sent home when the Site supervisor feels it is safe. Site Supervisor will also let parent/guardian know that the weather is and if they are keeping the child longer to keep them safe or sending them home so that the parent/guardian is aware what is happening with their child. If you have questions, please call the Weiss Community Center at **847.255.1200**.

### **ACTIVITIES**

The camp staff will plan a variety of activities consisting of arts & crafts, cooperative games, non-contact sports, and wellness/nature-based activities. The staff will learn what the campers like to do and try to offer some of their favorite activities. It is our goal to have a safe, fun and festive day camp program that your camper looks forward to going to every day!

### **What to Bring (please make sure your child's name is on everything that comes to camp in permanent marker)**

Your child should bring a backpack to camp each day with the following items:

- Water Bottle
- Gym Shoes
- Spray Sunscreen
- A positive Attitude
- Snack



### **Sunscreen**

Camp staff is not allowed to apply sunscreen lotion onto campers. We suggest that parents use/send spray on sunscreen and teach your camper to use it. Staff can help with spray when needed.

### **Allergies & Medication**

River Trails Park District is **not** a nut free environment. Children with nuts or other food allergies will be able to enjoy their snack at a designated nut free table. While we cannot restrict what other campers eat for snacks and lunch, efforts will be made to ensure the safety of your child regarding food allergies. Please help us ensure the safety of children with allergies by sending your child something nut free whenever possible. If your camper has allergies or requires other medical accommodation, please be sure to state all information on your camp forms. If your camper uses an epi pen, inhaler, or needs medicine distributed during the day you must fill out the medical paperwork, **Medication Dispensing Information form** (these forms are available on line at [www.rtpd.org](http://www.rtpd.org) in the virtual backpack or by asking the Site Supervisor. Please submit it to the site supervisor with the medication. The medication must be clearly labeled with the child's name and prescription. The medication must be kept with the site Supervisor and NOT in your child's backpack. This includes self-administered medicines like inhalers.

### **Lost & Found**

- A lost and found box will be kept at the campsite throughout the duration of summer camp.
- Items not claimed by the end of the session will be donated.
- Please do not wear or bring anything to camp that is valuable (including jewelry, DS's, iPads, tablets, cell phones, etc.). Please put your child's name on everything coming to camp with permanent marker.
- The River Trails Park District is not responsible for any lost, stolen, or damaged items.

### **Cell Phones**

Cell phones are a distraction at camp and are not allowed. If your child has a cell phone it must be always kept in their backpack during camp hours. Campers cannot make or receive phone calls or texts on their personal devices during the camp day. If your camper needs to contact you, they may ask their counselor or the Site Supervisor. River Trails Park District is NOT responsible for lost, stolen or damaged cell phones. If you need to contact your camper, please contact the Weiss Center office.

### **Code of Conduct**

All participants are expected to always exhibit appropriate behavior while participating, spectating or attending any program or activity sponsored by River Trails Park District. This includes participation programs which may or may not require an admission fee, spectating at any athletic events, recitals, rental, facility usage and or attending special events. The following guidelines are designed to provide safe and enjoyable activities for all participants.

Participants, spectators and or parent/guardian shall:

- Show respect to all participants, officials, program staff and supervisors.

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Weiss Community Center  
847.255.1200**



**1500 E. Euclid Avenue  
Mt. Prospect, IL 60056  
www.rtpd.org**

- Take direction from program staff and supervisors.
- Refrain from using abusive, foul language or bullying of any kind.
- Refrain from any and all remarks against an individual's race, ethnic background, religion, physical appearance, or disabling conditions, this will not be tolerated.
- Refrain from causing bodily harm or physical affection to self, other program participants, program staff & supervisors.
- Do not bring in any weapons or items that may be used as weapons to any programs, parks, or facilities.
- Refrain from damaging equipment, supplies, facilities, and parks.

Additional codes of conduct may apply for programs such as: day camps, adult athletic leagues. River Trails Park District reserves the right to dismiss a participant, spectator and or parent/guardian for any inappropriate conduct.

### **TAX DEDUCTION INFORMATION**

Parents are asked to keep a tally of their camp payments for tax deduction information. The park district tax ID number can be obtained by calling the Weiss Center at 847.255.1200. You can get this online if you have set up an account. Please inquire at the Weiss Center.

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The River Trails Park District welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s).

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**For Future Payments Due**

I authorize the River Trails Park District to charge the listed credit card for remaining payments/balance(s) due for camp program(s).

YES \_\_\_\_\_

NO \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Visa, MasterCard or Discover Card</b> <b>\$20 MINIMUM CHARGE</b>	
Card No:	_____ - _____ - _____ - _____
Security Code	____
Name	Cardholder _____
	Expiration Date _____
Authorized Signature	_____ Amt. Charged \$ _____

**Tax Deduction Information**

Parents are responsible for keeping a tally of their camp payments for tax deduction purposes. The park district tax ID number can be obtained from the Weiss Community Center at 847.255.1200.

**WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The River Trails 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 River Trails Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' 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 River Trails Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the listed 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 this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the listed 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 this program/activity against the River Trails Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "River Trails Park District"). I do hereby fully release and forever discharge the River Trails Park District 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 the listed programs/activities. I have read and fully understand the above important, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

<b>ALL PARTICIPANTS MUST SIGN</b> If participant is under 18 years old, parent must sign for them:		
SIGNATURE	PRINTED NAME	DATE
_____	_____	_____

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### CAMPER EMERGENCY FORM

Please print clearly

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent's Last Name (if different): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_ Grade entering in fall \_\_\_\_\_ Age \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Father's First Name \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact: NOT PARENT** (local friend/neighbor who can pick up child)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any allergies? (Animals, foods, medications or plants) \_\_\_\_\_

Any health problems that would limit participation? (Asthma, nose bleeds, etc.) \_\_\_\_\_

List all medications & times taken: \_\_\_\_\_

\* Additional forms needed if medication is taken during camp hours

Does your child have special needs that require accommodations or special assistance?

No \_\_\_ Yes \_\_\_ Please explain: \_\_\_\_\_

Please list any conditions/behaviors we should be aware of: \_\_\_\_\_

Child's swim skills: \_\_\_ Non-swimmer \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

After camp my child will \_\_\_ Walk home \_\_\_ Ride his/her bike home \_\_\_ Be picked up by car

\_\_\_ Attend a RTPD program other than a tag on. Program Name: \_\_\_\_\_ Dates \_\_\_\_\_

**One (1) Friendship Request:** (same age/camp session) \_\_\_\_\_

Please note this is a request, not a guarantee. You may request one friend and they must request you too. Must be made by June 1.

**After Camp Participants only:**

Please print the person (s) names that will be picking up your child from After Camp:

\_\_\_\_\_

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PARK DISTRICT

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## **EMERGENCY TREATMENT RELEASE**

**My Minor Child is:**

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agent or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

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

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

**Please print name:** \_\_\_\_\_

### **EMERGENCY CONTACTS:**

**Name:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

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## **BEHAVIORAL STANDARDS CONTRACT**

The following standards have been adopted by the River Trails Park District to be used uniformly as a guideline for disciplining any child enrolled in our Day Camp programs

### **GENERAL INAPPROPRIATE/UNACCEPTABLE BEHAVIORS: SEE CODE OF CONDUCT**

1. Abusive language
2. Disrespectful behavior towards staff and/or fellow participants.
3. Continuous disruptive behavior
4. Any aggressive behavior (slapping, punching, kicking, biting, etc.), whether it is initiated or in retaliation.

### **FIRST WARNING:**

The first time any inappropriate/unacceptable behavior occurs, the parent will be notified by phone (or written letter if parent is not reachable). Documentation of this behavior will be kept on file at the park district. If that behavior occurs again within the same day, the parents will be called to come and remove the child from the program for the remainder of the day. \*\*

### **SECOND WARNING:**

If a child continues to display inappropriate/unacceptable behavior after a first warning has been given, the child will receive a written letter of second warning. This letter will state the child's inappropriate/unacceptable behavior and notify the parent(s) that one more incident of such behavior could lead to the child's last warning and possible removal from the program. This letter must be signed by a parent and returned. One copy will remain at the park district and one copy will be given to the parent. \*\*

### **REMOVAL FROM THE PROGRAM**

After the first and second warnings have been issued and an inappropriate behavior is displayed, a parent will be contacted by phone and a written notice that the child will be removed from the program for a certain period of time or permanently. (Depending on the severity of the behavior). \*\*

\*\*In an extreme case of unacceptable behavior that is threatening to other participants or staff, the first two warnings can be omitted and the child will be removed from the program immediately with the final warning. \*\*

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### **Please Print**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Camp: \_\_\_\_\_ Session: I

I have read, understand, and accept the above Behavioral Standards Contract and procedures. I will also go over these Behavioral Standards with my child.

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

\_\_\_\_\_  
Date



**RIVER TRAILS PARK DISTRICT & SUPERHERO'S ACADEMY OF MOTION ARTS  
WAIVER AND RELEASE OF ALL CLAIMS, ASSUMPTION OF RISK, AND INDEMNIFICATION AND HOLD HARMLESS  
AGREEMENT**

In consideration for participation in parkour activities conducted by Superhero's Academy of Motion Arts, I hereby agree to waive, release, and discharge Superhero's Academy of Motion Arts (SAOMA) and the River Trails Park District (RTPD), including their respective officers, officials, employees, agents, and contractors (collectively, "the Parties") from any and all liability, claims, damages, or losses that I (or my minor child/ward) may sustain arising out of or in any way connected with participation in this program/activity.

**WARNING OF RISK & IMPORTANT INFORMATION**

SAOMA and RTPD are committed to conducting recreation programs and activities in a safe manner and hold the safety of participants in high regard. SA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in parkour activities.

Parkour activities are intended to challenge the physical, mental, and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury including death. Understandably, not all hazards and dangers can be foreseen. The very nature of parkour is hazardous and risky, **The risks include, but are not limited to:** serious physical injury arising out of slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening injuries; muscular soreness, tears, strains, sprains, dislocations, fractures and broken bones; paralysis, cuts, bruises, and muscle soreness; wrist, arm and shoulder injuries; musculoskeletal injuries including head, neck, and back; injuries to internal organs; inadequate or negligent instruction or supervision, horseplay, defective equipment, the negligence of other participants; lack of physical conditioning or skills; and premises defects. In this regard, it must be recognized that it is impossible for the SAOMA or RTPD to guarantee absolute safety.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately 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.

**PLEASE CAREFULLY READ THE TERMS AND CONDITIONS BELOW**

1. I expressly agree and promise to accept and assume all of the risks existing in this activity for myself (or my minor child/ward). My participation (or that of my child/ward) in this activity is purely voluntary, and I (or my child/ward) elect to participate in spite of the risks.
2. **I represent that I understand the nature of parkour activities, that these are physical in nature, and that I (or my child/ward) am qualified, in good health, and in the proper physical condition to participate in such activities. I further agree and warrant that if at any time I (or my child/ward) believe conditions to be unsafe or activities to be beyond my skill level, I (or my child/ward) will immediately discontinue further participation in the activity.**
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RTPD & SAOMA from any and all liabilities, losses, claims, demands, or causes of action, which are in any way connected with my participation (or my minor child/ward) in this activity or my use of RTPD & SA's equipment or facilities, **including any such claims which allege negligent acts or omissions of RTPD & SAOMA.**
4. Should RTPD & SAOMA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I (or my minor child/ward) may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself or my child/ward. I further certify that I am willing to assume the risk of any medical or physical condition I (or my child/ward) may have.
6. I have read and fully understand the above language, important information and warning of risk, indemnification, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my (or my child/ward's) participation in this activity, I may be found by a court of law to have waived my right (and that of my minor child/ward) to maintain a lawsuit against RTPD & SAOMA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by RTPD & SAOMA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RTPD & SAOMA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ 4/16