



LAKE COUNTY FOREST PRESERVES  
www.LCFPD.org

Preservation, Restoration, Education and Recreation

## Summer Camps Guidelines—Child with an Adult

Thank you for choosing Lake County Forest Preserves Summer Camp. Our camps are designed to help your child gain a deeper appreciation and respect for nature, art, and culture. These guidelines help to ensure a safe and rewarding experience for everyone.

**Code of Conduct**— Please review the following guidelines with your child.

Participants are expected to display appropriate behavior:

- Show respect to all participants, staff, and nature
- Be pleasant to others and refrain from using foul language
- Refrain from putting themselves and others in danger
- Use equipment, supplies, and facilities as instructed
- Always wear shoes
- Stay with the group
- Cell phones should be turned off or set to vibrate

### Appropriate Attire and Gear

The following attire is recommended for each participant's safety and comfort. We will explore nature, so expect that you and your child will be dirty. Leave all cell phones, electronics, valuables, and pocket knives at home.

#### ATTIRE

- Sturdy footwear with heel straps and closed toes. No flip-flops or Crocs.
  - Brimmed hat, visor, and/or sunglasses
  - Rain jacket, pants, boots as needed
  - Long pants required for some activities
- Refer to camp itinerary for details

#### GEAR

- Filled reusable water bottle, at least 16 oz
- Sunscreen and insect repellent; they are not provided or applied by staff
- A backpack; no drawstring or single strap
- Snacks

### How Weather Affects Camps

The safety of your camper is important to us, and weather can change unexpectedly. Staff makes the best decisions they can with the information on hand. *Ryerson Conservation Area* is currently the only camp location with indoor space so is likely not to cancel due to weather.

- Rain: Camps are not cancelled due to rain. Bring rain attire.
- Lightning/Thunderstorms: If lightning persists more than 30 minutes in your camper's location, camp may be canceled.\*
- Heat Index: When the heat index reaches 100 degrees, activities are altered or camp may be canceled.\*

\*When cancellation occurs, the first emergency contact listed on the submitted form is notified by phone.

## **Health and Safety**

- All camp staff is certified in First Aid, CPR, AED, EpiPen and asthma inhaler assistance. They will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper within their training. This may include calling for an ambulance.
- For a healthy camp environment, please keep your child at home if they feel unwell or have a fever and then notify us of their absence. We must be notified immediately of any communicable disease. .
- We want your child to have the best possible camp experience. Please let us know when you register if your child is physically challenged, or requires some type of special assistance. Call us at 847-968-3321 and ask to speak with your camp's director. With prior knowledge of a child's needs, staff may be able to modify activities and techniques to provide everyone a great learning experience

## **Need More Information?**

Contact us at 847-968-3321 with any health and safety concerns or questions about the program.



# Young Campers (w/adult) Day Camp Waiver & Release

_____ Name of Child Participant	_____ Date of Birth	_____ Relation to the Accompanying Adult
_____ Name of Additional Child Participant (If Any)	_____ Date of Birth	_____ Relation to the Accompanying Adult
_____ Name of Participating Adult	_____ Program Date and Location	

I have read, understand and will abide by the Summer Camps guidelines. \_\_\_\_\_ initial

**THIS FORM IS 819 UPON REGISTRATION CF: FGH85 MC: 75 AD.** An original signature is required, faxes cannot be accepted. Please read this form carefully and be aware in registering your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

## Important Information

The Lake County Forest Preserve District is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Lake County Forest Preserve District strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Lake County Forest Preserve District does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake County Forest Preserve District automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

## Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against the Lake County Forest Preserve District and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge the Lake County Forest Preserve District and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Lake County Forest Preserve District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

## Photography Release

I give permission for my child's picture to be used in advertisements for the Lake County Forest Preserves.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

\_\_\_\_\_  
SIGNATURE OF OR PARENT / GUARDIAN)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME