



# Ela Township Youth Department Winter Break Camp

Thursday, December 27

Friday, December 28

Monday, December 31

Wednesday, January 2

Thursday, January 3

Friday, January 4

**Times:** 10:00am – 3:00pm

**Grades:** K-5<sup>th</sup>

**Location:** Ela Township Community Center  
380 Surryse Road, Lake Zurich, IL 60047  
847-438-9160

**Cost:** \$10 PER CHILD PER DAY

Daily activities include group games/activities, arts & crafts, free time (computers, board games, puzzles, etc.) and much more. **Participants need to bring their own sack lunch except for on Thursday, December 27.** Ela Township will provide a healthy afternoon snack.

## **Registration:**

Begins: Friday, November 8, 2018

Ends: Monday, December 17, 2018

***\*\*\*Limited space available. Registrations will be accepted on a first come, first served basis.***

Registrations may be dropped off at the Ela Community Center.  
Payment **MUST ACCOMPANY REGISTRATION** in order to reserve a spot.  
Cash or Check Only, make payment to Ela Township

DAY/DATE	FIELD TRIP	ATTENDING
Thursday, December 27	Brunswick Bowling	YES / NO
Friday, December 28	Mary Poppins Returns	YES / NO
Monday, December 31	Clay Monet	YES / NO
Wednesday, January 2	Main Street Sports	YES / NO
Thursday, January 3	Rockin' Jump	YES / NO
Friday, January 4	<b>No Field Trip-In House Fun</b>	YES / NO

**Child's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contact Information (Not Parent/Guardian):**

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Does your child have any health issues?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**Does your child have allergies?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**If your child has allergies, will you be sending EPI pen with child?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you give Ela Township permission to publish photographs of your child? (bulletin boards, Facebook page, township website)**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please mark appropriate statement below**

\_\_\_\_\_ I will be dropping off/picking up my child

\_\_\_\_\_ My child has my permission to walk home on his/her own from Ela Township Community Center.

**List of approved adults to pick up my child:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*Unless noted on this form, your child will not be released on their own or to any other person not specified on this list.**

**Behavior Expectations:**

**The following behavior expectations are in effect at all events sponsored by Ela Township Youth Program. Individual staff and programs may develop more specific rules for youth.**

- Everyone is entitled to a safe, secure, and orderly environment in which to learn and work.
- Student growth is dependent upon positive and successful experiences.
- Discipline is a shared responsibility: students and adults are both responsible for an orderly, safe and equitable learning environment.
- Actions are what we have chosen to do; actions are a product of choices.
- High expectations and courteous, respectful behavior, on the part of all.
- Foster a climate of achievement.

**The same behavior expectations apply to all Ela Township Youth Programs as they apply in the Lake Zurich District 95 School Policy Handbook.**

**Dismissal:**

Inappropriate behavior may result in your child(ren) suspension or withdrawal from the program. To ensure the safety and security of all children, if an emergency occurs that threatens the welfare of a child(ren), Ela Township Staff will contact a Parent/Guardian as needed. In the event, a child's behavior is disruptive, but does not require suspension or withdrawal from the program, the Director will contact the parents and require that the child be supervised by a Parent/Guardian.

**I am registering my child for the Kids Day Off Program. I have read, understand, and will comply with the rules outlined above. I understand that it is my responsibility to inform Ela Township Staff of any changes of information, particularly phone numbers and emergency contacts.**

Signature: \_\_\_\_\_

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

# Field Trip Permission Slips

Please read and sign the field trip permission slips for *any and all* dates you plan on registering your child for. Each permission slip contains information unique to that field trip. **Take care and read each one before signing.**

## Thursday, December 27, Bowling

I give my child(ren) \_\_\_\_\_ permission to attend the Field trip to **Brunswick Zone in Deer Park on Thursday, December 27, 2018**. Please remember to send your child with socks as they must wear bowling shoes to participate. We will be eating lunch at the bowling alley.

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

## Friday, December 28, Regal Cinema Lake Zurich

I give my child(ren) \_\_\_\_\_ permission to attend the Field trip to Regal Cinema in Lake Zurich on **Friday, December 28, 2018**. We will be seeing *Mary Poppins Returns*. Exact times will be determined closer to the date of the field trip when the theater releases its showtimes. Participants may bring money if they wish to purchase food at the movie theater.

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

## Monday, December 31, Clay Monet Lake Zurich

I give my child(ren) \_\_\_\_\_ permission to attend the Field trip to **Clay Monet** in Lake Zurich on **Monday, December 31, 2018**. Participants should wear casual clothes that could get paint/ceramic on them.

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

## Wednesday, January 2, Main Street Sports Lake Zurich

I give my child(ren) \_\_\_\_\_ permission to attend the Field trip to **Main Street Sports** in Lake Zurich on **Wednesday, January 2, 2019**. Participants should wear casual/sports clothing and **must wear gym shoes**. Water bottles are a great idea, but please be sure to write your child's name on it.

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

## Thursday, January 3, Rockin' Jump Buffalo Grove

I give my child(ren) \_\_\_\_\_ permission to attend the Field trip to **Rockin' Jump in Buffalo Grove** on **Thursday, January 3, 2019**. Participants should wear casual/sports clothing. Water bottles are a great idea, but please be sure to write your child's name on it. **Make certain to also sign the waiver provided by Rockin' Jump attached to this packet.**

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

## ROCKIN' JUMP PARTICIPANT AGREEMENT, RELEASE OF LIABILITY AND INDEMNIFICATION

As consideration for being allowed to enter and play at this Rockin' Jump facility (our "Facility") and to use and enjoy the equipment, services and activities at our Facility (the "Activities"), the undersigned ("I" or "Me"), on behalf of myself, and my minor children or wards ("Minor Participants"), agree as follows:

**ACKNOWLEDGEMENT OF RELEASE OF LIABILITY AND INDEMNIFICATION.** I, on behalf of myself and each of my Minor Participants, acknowledge, understand and agree that this Rockin' Jump Participant Agreement, Release of Liability and Indemnification ("Agreement") is intended to release Jump Buffalo Grove LLC, dba Rockin' Jump ("Rockin' Jump"), and each of their employees, agents, members, managers, successors and assigns, and owned, controlled or affiliated entities (collectively "Rockin' Jump") from any and all damage or personal injury that I or my Minor Participants may suffer for any reason at our Facility.

**REPRESENTATION OF MINOR PARTICIPANTS.** I represent that I am legally authorized to act on behalf of and to bind the following Minor Participants who are under the age of 18 years old:

Minor Participant Name/Date of Birth	Minor Participant Name/Date of Birth
Minor Participant Name/Date of Birth	Minor Participant Name/Date of Birth

**ASSUMPTION OF RISK.** I acknowledge that my Minor Participants and I are voluntarily participating in the Activities and I understand that the Activities are dangerous and involve known and unknown inherent risks, including without limitation the risk of injury, permanent disability, or death, resulting from conditions known and unknown, including without limitation, equipment malfunctions, building malfunctions, lack of supervision, lack of trained trampoline monitors, lack of proper equipment or padding, netting, or other safety measures, slipping, falling, landing or colliding with fixed objects or other people, as well as the negligence or omissions committed by Me, my Minor Participants, any employee of Rockin' Jump or any other person using the Facility. I agree, on behalf of myself and my Minor Participants, to voluntarily assume any and all such risks. I further understand and acknowledge that Rockin' Jump does not manufacture any of the equipment at the Facility, but purchases or leases the trampolines and equipment and, therefore, Rockin' Jump may not be held liable for any defects in any equipment.

**RELEASE OF LIABILITY.** To the maximum extent permitted by law, on behalf of myself and my Minor Participants, I irrevocably and unconditionally, fully and completely, release, waive, relinquish, discharge from liability and covenant not to sue Rockin' Jump from and against any and all claims, demands, rights, actions, causes of action, suits, debts, obligations, costs, losses, charges, expenses, damages, judgments and liabilities, of whatever kind or nature, in law or equity or otherwise, whether known or unknown, suspected or unsuspected, and whether or not concealed or hidden, related to or arising, directly or indirectly, from use of the Facility by myself and my Minor Participants, the equipment or the services and activities within the Facility and any damage or permanent loss my Minor Participants or I might suffer at the Facility. This release of liability is intended to include without limitation, all claims for negligence, personal or bodily injury, emotional injury, illness, property damage and death, within and outside of the Facility.

**INDEMNIFICATION OF ROCKIN' JUMP.** I agree to appear, indemnify, defend and hold Rockin' Jump harmless from and against any and all losses, liabilities, suits, claims, actions, obligations, costs, damages and expenses (including without limitation reasonable attorneys' fees and costs) whatsoever paid, incurred, or suffered by Rockin' Jump in the event my Minor Participants or I (i) suffer any injury, damage or harm, including without limitation death, within or outside of the Facility; (ii) cause any injury, damage or harm, including without limitation death, to any other person within or outside of the Facility; or (iii) cause damage to any equipment or property located within or outside of the Facility.

**NO LIABILITY FOR LOST OR STOLEN PROPERTY.** I acknowledge that Rockin' Jump is not liable to my Minor Participants or me for any personal property that is damaged, lost, or stolen while within or outside of the Facility, including without limitation damage to my vehicle or its contents, or loss or damage to any property in a locker.

**DISPUTE RESOLUTION.** Any controversy, dispute, or claim arising out of or related to this Agreement or any damage or injury suffered at the Facility, which the parties are unable to resolve by mutual agreement, must be resolved exclusively by submission to binding arbitration in Cook County, Illinois, before a single arbitrator in accordance with the rules of the American Arbitration Association then in effect. The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision of this Agreement, which will remain in full force and effect.

NAME OF ADULT PARTICIPANT AND/OR PARENT OR LEGAL GUARDIAN OF MINOR				
First Name:	Last Name:	Date of Birth:		
Address:		City:	State:	Zip Code:
Email Address:			Phone Number:	

By signing this document, I understand that I forever waive any right my Minor Participants and I may have to maintain any action against ROCKIN' JUMP on the basis of any claim that is the subject of this Agreement. I understand that my signature below is a complete and unconditional release of all liability to the fullest extent permitted by law.

Signature	Date
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