



## OUTDOOR ADVENTURE CAMP: SHORT CUT WEEKLY SCHEDULE



**Session 1: June 10<sup>th</sup> – June 12<sup>th</sup> · 9am-12pm**

**Session 2: June 29<sup>th</sup> – July 1<sup>st</sup> · 9am-12pm**

DAY	ACTIVITIES	ADDITIONAL IMPORTANT ITEMS NEEDED
WED/MON	Teams Course	Comfortable Clothes & Sturdy Shoes All Forms & Waivers (see checklist)
THU/TUE	Geocaching Adventure Walk T-Shirt Tie Dying	Comfortable Clothes & Sturdy Shoes
FRI/WED	Survival Skills Ice Cream Making	Comfortable Clothes & Sturdy Shoes

**Please note:** While we strive to stick to the above schedule, flexibility is necessary. Activities may be adjusted due to weather and other circumstances.

**WAIVERS:** Parents/Guardians, please sign all the forms and waivers listed on the checklist for your child's camp. **All necessary forms and waivers must be completed and signed by a parent or legal guardian in order for your child to participate.**

Suggested items to **bring every day to camp:**

- ☐ Small backpack
- ☐ Water bottle
- ☐ Sunscreen
- ☐ Sunglasses
- ☐ Bug spray
- ☐ Hat
- ☐ Snack

All Outdoor Adventure Camps begin and end at the east entrance to the Lincoln Marsh. Please see the map included in your parent manual. If you have any questions, please call 630.871.2810.



## OUTDOOR ADVENTURE CAMP: SHORT CUT FORMS AND WAIVERS



Below is a checklist of forms and waivers that you will need for camp. Please print, complete and bring these with you the first day of camp. These forms can also be downloaded at [www.wheatonparkdistrict.com](http://www.wheatonparkdistrict.com).

- ☐ Health History & Emergency Form
- ☐ Lincoln Marsh Challenge Course Waiver
- ☐ Special Activities Permission Form
- ☐ Medicine Dispensing Form (if needed)\*
- ☐ Inhaler/Epi-Pen Waiver (if needed)\*

\*If you have a camper who needs to have medicine available at camp, please contact the Lincoln Marsh office at 630.871.2810 or you can download the Medicine Dispensing form at [www.wheatonparkdistrict.com](http://www.wheatonparkdistrict.com). The Inhaler/Epi-Pen waiver must be completed in addition to the Medicine Dispensing form if your camper will self-administer an inhaler or Epi-Pen.



**Wheaton Park District**  
**2015 Health History and Emergency Form**

Attach Picture

Here

Name of Camp: \_\_\_\_\_ Session: \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

(If different from address above)

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Second Parent/Legal Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

(If different from address above)

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If not available in an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance? \_\_\_yes \_\_\_no

If yes, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**Physician Information**

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

I authorize the Wheaton Park District to take action as necessary in case of an emergency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

*Please see back side of form for health information*

### Health History

The parent/legal guardian must fill in the following information. The intent of this information is to provide camp personnel the background for appropriate care. Keep a copy of the completed form for your records.

#### **ALLERGIES – List all known Medication Allergies (List)**

#### **Describe Reaction and Management of the Reaction**

#### **Food Allergies (List)**

#### **Other Allergies (List) – include insect stings, hay fever, asthma, animal dander, bug spray, etc.**

#### **Restrictions (The following restrictions apply to this individual)**

##### **Does not eat:**

**Peanuts**

**Tree Nuts**

**Pork**

**Poultry**

**Seafood**

**Eggs**

**Dairy**

**Other**

Please describe other: \_\_\_\_\_

#### **General Questions** (Explain “yes” answers below)

- |  |     |    |  |     |    |
|--|-----|----|--|-----|----|
| 1. Had any recent injury, illness or infectious disease? | Yes | No | 7. Ever had back problems?                     | Yes | No |
| 2. Have a chronic or recurring illness/condition?        | Yes | No | 8. Ever had problems with joints?              | Yes | No |
| 3. Ever had a head injury?                               | Yes | No | 9. Have any skin problems (rash, itching. Etc) | Yes | No |
| 4. Ever been knocked unconscious?                        | Yes | No | 10. Have diabetes?                             | Yes | No |
| 5. Wear glasses contacts or protective eyewear?          | Yes | No | 11. Have frequent headaches?                   | Yes | No |
| 6. Ever been diagnosed with a heart murmur?              | Yes | No | 12. Ever have frequent ear infections?         | Yes | No |

Please explain any “yes” answers, noting the number of the question (s).

My child is up-to-date on his/her immunizations and tetanus shots: \_\_\_\_yes \_\_\_\_no

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware:

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary, including swimming info):

#### **My child is authorized to be picked up by the following person(s) from camp: (ID must be provided by person picking up)**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Wheaton Park District, Lincoln Marsh Challenge Course**  
**(Teams, High Ropes, Climbing Tower, Power Pole and Crate Climbing)**  
**Participant Information & Waiver Form**  
**p. 630-871-2810      www.lincolnmarch.org      f.630-871-9213**

**PLEASE PRINT ALL INFORMATION**

Program Date: \_\_\_\_\_ Group Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_\_\_ F\_\_\_\_  
First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (work) \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
**Medical information:** Allergies \_\_\_\_\_ Injuries \_\_\_\_\_  
My child requires use of epi-pen Yes No Did they bring it today Yes No  
My child requires the use of an inhaler Yes No Did they bring it today Yes No  
Any other medical information we should be aware of: (ex: diabetes, epileptic, back problems, etc.) \_\_\_\_\_

**IMPORTANT INFORMATION**

The Wheaton 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 Wheaton 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 this program/activity 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 adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

On Occasion, park district staff may photograph or videotape participants in park district classes/program or at park district facilities/events. These photos and videotapes are for park district use only, and may be included in publications, brochures, pamphlets, flyers and videos.

**WARNING OF RISK**

The Lincoln Marsh Challenge Course is a series of challenging activities that 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, including cervical spine injury and head/brain injury. Understandably, not all hazards and dangers associated with the challenge course can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of god, inclement weather, slips and falls, insects, defective equipment, failure in supervision or instruction, premises defects and other circumstances inherent to outdoor settings and recreational activities can exist. In this regard, it must be recognized that it is impossible for the Wheaton 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 this program/activity, 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 and vehicle operations, when provided).*

I recognize and acknowledge that there are certain risks of physical injury to participants in the challenge course, 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 participating in any and all activities connected with or associated with the challenge course.. 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 Wheaton Park district, including its officials, agents, volunteers and employees here in collectively referred to as "Park District". I do hereby fully release and forever discharge the park district from any and all claims for injuries, damages or loss that my minor child/ward or I may or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the challenge course.

**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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**PLEASE PRINT**

Participant's Name \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Parent Signature: \_\_\_\_\_

\*This waiver cannot be altered in any way (18 years or older or Parent/Guardian)

**PARTICIPATION WILL BE DENIED**

**If the signature of adult participant or parent/guardian and date are not on this waiver**



## OUTDOOR ADVENTURE CAMP: SHORT CUT SPECIAL ACTIVITIES PERMISSION FORM



Since we do not have an indoor facility at the Lincoln Marsh Natural Area, our group may travel in a Wheaton Park District van to nearby locations possibly including but not limited to Sandburg Elementary School. All activities are weather permitting and may include walking to/from Sandburg Elementary School.

**The following special activities are scheduled to take place:**

- T-Shirt Tie Dying
- Ice Cream Making

**Please bring this permission slip on the first day of camp.**

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My child, \_\_\_\_\_, has my permission to participate in all special activities with the Lincoln Marsh Outdoor Adventure Camp – Short Cut.

\_\_\_ My child requires a non-dairy ice cream option

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date