



## NOVEMBER 2011 DAY-OFF PROGRAMS

Cary Park District's E.T. KidZone program offers Day-Off programming to District 26 and SS. Peter and Paul students. **There will be no school on the days listed below. If you would like your child(ren) to attend Cary Park District's E.T. KidZone Day-Off program, please fill out a registration form and emergency card (attached). Return it to the Cary Park District Community Center, 255 Briargate Road, with payment.** Registration space is limited. Families will be notified if their registration is received after the Day-Off is filled or the deadline is reached. In the event of a registration cancellation, a refund less a \$5.00 service fee will be issued up to one week prior to the Day-Off. Refunds will not be granted after that time. **Please note:** A minimum number is needed for field trips. If minimum number is not met by **FRIDAY, NOVEMBER 11** the field trip may be cancelled and different activities will be planned.

## NOVEMBER DAY-OFF PROGRAM INFORMATION

<b>Day-Off Date:</b> Monday, November 21	<b>Bar Code:</b> 18915
<b>Phone:</b> (847) 639-6100 ext. 122	<b>Fee:</b> \$39 per child; \$35 for each additional child in family
<b>Location:</b> Cary Park District Community Center, 255 Briargate Road, Cary, IL 60013	<b>Field Trip:</b> Dolphin Swim Club – Bring swimwear and towel. (Bring Lunch.) Bus leaves at 12:00 PM.
<b>Day-Off Date:</b> Tuesday, November 22	<b>Bar Code:</b> 18916
<b>Phone:</b> (847) 639-6100 ext. 122	<b>Fee:</b> \$39 per child; \$35 for each additional child in family
<b>Location:</b> Cary Park District Community Center, 255 Briargate Road, Cary, IL 60013	<b>Field Trip:</b> Cary Gymnastics – Tumble, roll and jump! (Bring Lunch.) Bus leaves at 11:15 AM
<b>Day-Off Date:</b> Wednesday, November 23	<b>Bar Code:</b> 18917
<b>Phone:</b> (847) 639-6100 ext. 122	<b>Fee:</b> \$35 per child; \$30 for each additional child in family
<b>Location:</b> Cary Park District Community Center, 255 Briargate Road, Cary, IL 60013	<b>Activities:</b> Holiday Cooking, Crafts and Big Screen Movie. (Bring Lunch.)

**SEND REGISTRATION FORM AND PAYMENT TO: Cary Park District, 255 Briargate Road, Cary, IL 60013.**

- Day-Off programs are held at the Cary Park District Community Center, 255 Briargate Road, Cary, IL 60013.
- Day-Off programs take place from 7:00 am - 6:00 pm. Late fees do apply if a child is picked up after 6:00 pm.
- Each child must be signed in and out of the program by a parent or authorized individual.
- Sack lunch and drink will be required at all Day-Off programs unless stated otherwise.
- Day-Off programs offer an afternoon snack and drink.
- Outdoor play will take place daily, weather permitting.
- Your child is responsible for any money or personal items brought to a Day-Off program.
- The Cary Park District is not responsible for items lost, broken, stolen, or mishandled.
- Please be at the Cary Park District Community Center by the time stated for Day-Off field trip departures. If your child is not on the bus when transportation leaves your child will not be able to attend the Day-Off program. Cary Park District does not keep staff on site once field trip transportation departs. Refunds will not be issued for missing Day-Off field trip departures.
- Any concerns, comments or questions can be directed to Erica Hedlund, Program Manager at (847) 639-6100 ext. 117.

Please check box if there is new contact information below

# Cary Park District Registration Form

Phone: 847.639.6100 • Fax: 847.639.6290 • www.carypark.com

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

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

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

Receive the latest Cary Park District news, promotions, surveys, and more through e-mail. Sign up today!

Code	Program Name	Registrant Name	Sex	Birthdate Mo./Day/Yr.	Fee

<b>Method of Payment:</b> Cash _____ Check # _____ MasterCard/Visa/Discover _____	<b>Total</b> _____
<b>Credit Card Number</b> _____ <b>Exp. Date</b> _____	
<b>Cardholder Name</b> _____ <b>Amt. of Charge</b> _____	
<b>Authorized Signature</b> _____	

Do you need assistance or accommodations to participate in any programs? \_\_\_\_\_

**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, premise 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 Cary 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 Cary Park District 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 or 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 Cary Park District including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "Cary Park District").

I do hereby fully release and forever discharge the Cary 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 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 claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

<b>Signature of Participant or Parent/Guardian</b> _____ <b>Date</b> _____
* Participation will be denied if signature of adult participant or parent/guardian and date is not placed on this registration form/waiver.



# 2011-2012 E.T. KidZone Participant EMERGENCY INFORMATION

Each child is required to have this form on file prior to starting the E.T. KidZone Program.

Child's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle CHILD'S SCHOOL:	BRIARGATE	DEER PATH	THREE OAKS	PRESCHOOL	JUNIOR HIGH							
<u>E.T KidZone (at school location)</u>												
Circle DAYS ATTENDING:	<u>Mornings:</u> (7:00-8:45)	M	T	W	Th	F	<u>Afternoons:</u> (3:30-6:00)	M	T	W	Th	F
<u>KINDERGARTEN E.T KidZone (at Cary Park Community Center)</u>												
Circle DAYS ATTENDING:	<u>Mornings:</u> (7:00-12:30)	M	T	W	Th	F	<u>Afternoons:</u> (11:35-6:00)	M	T	W	Th	F

Mother/Guardian Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Which parents/legal guardians listed above may we contact if a need arises?  Mother  Father  Both

Which parents/legal guardians listed above are authorized for pick-up?  Mother  Father  Both

*In the event a parent/legal guardian cannot be reached and a completed 'Release of Child' form has not been submitted to site staff, I authorize the following individuals to be contacted to pick up my child. One contact must be a Cary resident.*

Name Relationship Phone Number

1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Medical History:** \*If your child needs medications or special accommodations during the program please contact Erica Hedlund at 847.639.6100 ext 117.

Allergies \_\_\_\_\_

\*Current Medications \_\_\_\_\_

\*Does your child need any special accommodations in order to be successful in this program?  
\_\_\_\_\_

Family Physician Name and Phone Number \_\_\_\_\_

**Consent For Treatment:**

THIS CONSENT WILL BE VALID FOR THE 2011-2012 SCHOOL YEAR OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL/LEGAL GUARDIAN CONSENT FOR THE CARY PARK DISTRICT TO TAKE MY CHILD LISTED ABOVE TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF THE CARY PARK DISTRICT IS UNABLE TO CONTACT A PARENT OR LEGAL GUARDIAN.

Signature of parent/legal guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Office Use Only: *SITE DIRECTOR REVIEW* \_\_\_\_\_ (Initials and Date)