



Youth and Community Center

313 Gale Street. Aurora, IL. 60506.

Phone numbers:

630 859-7501, 859-7503

Fax number: 630 859 9354

Aurora Township Youth Services Membership Registration Form

In order to complete the registration process, please, print clearly, fill in all the blanks, return the completed form signed, the non-refundable registration fee and the applicant should be present to get his/her picture taken.

Participant:

Last Name	First Name	Middle Initial
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Home address	City	State/Zip Code
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Home Phone Number	Work	Mobile
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Email: _____

Age (as of May 30,): _____ Date of Birth: _____
Month Day Year

Gender: Female ☐ Male ☐

School: _____ **Grade:** _____

Ethnicity:

White	<input type="checkbox"/>	Black / African American	<input type="checkbox"/>	Hispanic / Latino	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Native Hawaiian or another Pacific Islander	<input type="checkbox"/>	Some other origin	<input type="checkbox"/>		

Parent(s) / Guardian(s):

1.

Last Name	First Name	Middle Initial
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Address:

Street Address	City	State/Zip Code
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Phone Number:

Home	Work	Mobile
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Email:

2.

Last Name	First Name	Middle Initial
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Address:

Street Address	City	State/Zip Code
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Phone Number:

Home	Work	Mobile
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Email:

Emergency Contact(s):

1.

Last Name	First Name	Middle Initial
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Relationship to the Child:

Phone Number:

Home	Work	Mobile
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2.

Last Name	First Name	Middle Initial
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Relationship to the Child:

Phone Number:

Home	Work	Mobile
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Medical Information:**Insurance:****Applicant's Primary Care Physician:****Phone Number:****Hospital Preference:**

In case of an emergency, should paramedics be called? Yes ☐

No ☐

Please, list any medical conditions, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, Ringworm, Aggression):

Required treatment

Is your child presently being treated for any injury or sickness, or taking any form of medication for any reason?

Yes ☐ No ☐ If yes, explain:

Does your child have any past health or behavior concerns that Aurora Township Youth & Community Center staff should be aware of?

Yes ☐ No ☐ If yes, explain:

Is your child allergic to any type of food or medication?

Yes ☐ No ☐ If yes, explain:

Does your child require a special diet?

Yes ☐ No ☐ If yes, explain:

Is your child current/up to date with all immunizations?

Yes ☐ No ☐ If no, explain:

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's / Guardian's Initials _____

I understand that the Aurora Township Youth & Community Center, Aurora Township, and any staff will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent / guardian.

Parent's / Guardian's Initials _____

In the event of illness or injury, permission is granted to Summer Day Camp personnel to obtain emergency medical attention. I will be responsible for the medical charges.

Parent's / Guardian's Signature _____ Date _____

If the participant is a child, please, list those people who in addition to parents/guardians are permitted to pick up your child:

1. _____	2. _____
3. _____	4. _____

My child _____ has permission to arrive/depart from the Aurora Township Youth & Community Center by way of:

Walking ☐ Ride Bus (if available) ☐

Parent / Guardian Signature _____

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. YOU MUST READ IT CAREFULLY AND THOROUGHLY UNDERSTAND ITS RAMIFICATIONS BEFORE SIGNING WHICH WILL BE EVIDENCED AND ACKNOWLEDGED BY YOUR SIGNATURE AND INITIALS SET FORTH BELOW. DO NOT SIGN OTHERWISE.

CONSENT, WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Agreement and Release of Liability

I recognize and acknowledge that there are certain risks of physical injury to participants in summer camp activities, and I voluntarily agree to assume the full risk of and legal responsibility for any and all injuries, damages or loss, regardless of severity, including personal injury or death, and property damage that I or my minor child or ward may sustain as a result of said participation.

In consideration of being allowed or my child being allowed to participate with the Aurora Township Youth Services and to use its facilities, fields and equipment I hereby waive and release and forever discharge Aurora Township and its elected officials, officers, agents, employees, and representatives from any and all responsibility or liability for injuries or damages resulting from or in connection with my or my child's participation in any activities or use of equipment in the above mentioned facilities; or arising out of my or my child's participation in any activities at said facility or in outside activities (e.g. field trips) sponsored by Aurora Township. I assume all liability and hereby release all of the mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent acts or omission of any of those child's participation in any activities of Aurora Township.

I hereby further declare that I am or my child is physically sound and suffering from no condition, impairment, disease, or infirmity or other illness that would prevent my or my child's participation in any of the activities and programs of Aurora Township. I acknowledge that I or my child have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate or allow my child to participate in activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.

I, _____ give my permission for _____ to participate in off-site activities with the Aurora Township Youth Services.

Parent/Guardian Signature _____ Date _____

Duty of Participants

I/We, the undersigned, hereby promise, covenant and agree:

- a. To immediately, fully and diligently follow the directions and instructions of the on-site representative of Aurora Township Youth and Community Center.
- b. Not to act in any way which shall interference with the running or operation of rock climbing, kayaking, mountain biking or any other activity ("the Activities") when such activities are conducted by Aurora Township Youth & Community Center.
- c. No to act in any way which shall interfere with Aurora Township Youth & Community Center or the on-site representative of Aurora Township Youth & Community Center and their administration, the supervision or the conduct of the Activities of Aurora Township Youth & Community Center's business.
- d. Not to use any of Aurora Township Youth & Community Center equipment or facilities or services if I do not have the ability to use such facilities, equipment or services safely without instructions and until I have requested and received sufficient instruction to permit safe usage as determined by Aurora Township Youth & Community Center.
- e. Not to use any of Aurora Township Youth & Community Center, equipment or facilities or services without the permission of the on-site representative of Aurora Township Youth & Community Center or after any prior permission has been revoked.
- f. Not to engage in any dangerous, unsupervised or harmful conduct or willfully or negligently engage in any type of conduct which threatens or contributes to or causes injury to any person including myself during, before or after Activities have commenced.
- g. Not to embark in any self-initiated activity without first informing the on-site representative of Aurora Township Youth & Community Center of my intentions and receiving permission from Aurora Township Youth & Community Center to engage in such self-initiated activity.
- h. Not to violate the foregoing an or any other rules of Aurora Township Youth & Community Center, and shall allow the on-site representative of Aurora Township Youth & Community Center, at their sole discretion, to terminate my participation in the Activities. There will be no refund or pro-ration of any fee in the case of termination.

Pictures and Publicity

All likenesses, pictures, videos and recordings of any type or nature no matter the format, taken or produced in connection with the Aurora Township Youth & Community Center's programs are the sole and exclusive property of Aurora Township Youth & Community Center and may be used in any promotional materials or in any publicity endeavors. I give permission to the Aurora Township Youth and Community Center to use without the need for any further consent, any picture, video or recording for informational and promotional purposes.

Initials _____

Summer Camp

I hereby give permission for the transportation of my child for official Aurora Township Youth & Community Center Summer Camp activities by mode of transportation agreed to by the camp organizers. The Aurora Township and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, first responder, and/or physician).

I have read and understand the Nutrition and Physical Activity Policies and agree to abide by the guidelines listed I understand the Summer Day Camp rules and agree to abide by the rules, and any subsequent action taken for not following the rules.

Initials _____

BEFORE SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION IN IT. I ACKNOWLEDGE THAT I DO NOT NEED ANY FURTHER EXPLANATION OF ITS CONTENTS AND WAIVE ANY FURTHER EXPLANATION. I HAVE VOLUNTARILY AGREED TO ITS TERMS AND PROVISIONS AND I AGREE THAT NO OTHER STATEMENT, REPRESENTATION OR INDUCEMENT APART FROM WHAT IS STATED IN THIS AGREEMENT, REPRESENTATION OR INDUCEMENT APART FROM WHAT IS STATED IN THIS AGREEMENT HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT AND MY SIGNATURE TO IT. THIS IS A BINDING LEGAL AGREEMENT.

Parent / Legal Guardian's Name	Signature	Date
Participant's Name	Signature	Date

IMPORTANT: YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT THIS WAIVER ON FILE.