

Belvidere Park District
Youth Participant Packet
2016-2017

Name: _____

Included in this packet:

- Annual Information Form
- Program Registration Form
- ACH paperwork
 - Complete only if utilizing ACH payments
- Payment Registration Notice Form
- Authorized Pick up Form
- Medication Dispensing Waiver
 - Complete only if medication is dispensed during program hours
- Seizure Action Plan
 - Complete Only if Applicable
- River's Edge Climbing Wall Release
- History Assessment
- Discipline Policy

Please take the time to fill out the following paperwork in its entirety. If you have any questions regarding the paperwork, then feel free to contact me:

Victoria Packer
Recreation Supervisor- Youth
1006 W. Lincoln Ave
Belvidere, IL 61064
Office: 815-547-5711 ext. 16
Fax: 815-544-4648
vpacker@belviderepark.org





2016-2017

Belvidere Annual Information Form

This information will be used for all youth programs during 2016-2017
Please contact the Belvidere office if any information changes throughout the year.

Name: _____ Grade: _____ Birth Date: _____ Male Female
 Address: _____ City: _____ Zip: _____
 Mother/Guardian's Name: _____ Cell Phone: _____
 Father/Guardian's Name: _____ Cell Phone: _____
 Parent/Guardian Email: _____
 T-Shirt Size: Youth S M L Adult S M L XL XXL Shoe Size: _____
 School: _____ Teacher/Supervisor: _____ Phone: _____
 Physician's Name: _____ Phone: _____

EMERGENCY CONTACT* (Within 20 mile radius)—Other than Parent/Guardian listed above.

Name: _____ Relationship: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Work/Cell Phone: _____

*This person will be contacted when a parent/guardian is not reachable; in the event of an emergency.

MEDICAL HISTORY (Please Check all that Apply)

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Emotional Illness	<input type="checkbox"/> Physical Limitations
<input type="checkbox"/> Autism	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Asperger Syndrome	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Childhood Disintegrative Disorder	<input type="checkbox"/> Manic Depression	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Pervasive Developmental Delay (PDD/NOS)	<input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disorder	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Sensory Disorder	<input type="checkbox"/> Other
<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Not Otherwise Specified _____
<input type="checkbox"/> Down Syndrome **		
<input type="checkbox"/> Epilepsy		

**If Down Syndrome, has participant been tested for atlanto axial instability? YES / NO Does participant have atlanto axial instability? YES / NO

PERMISSION TO TRANSPORT IN DISTRICT VEHICLES:

My child/adult ward has my permission to be transported by NASR/BPD staff in Belvidere Park District vehicles for programs, field trips, park visits, or any other various excursions they may encounter while participating in the NASR/Belvidere Park District programs under the supervision of NASR/BPD staff.

Signature of Parent/Guardian: _____ Date: _____

PHOTO/VIDEO AUTHORIZATION AND CONSENT:

I hereby authorize and give my permission to NASR-Belvidere Park District to photograph/video my child/adult ward (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of NASR-Belvidere Park District, including, but not limited to its website, Facebook, promotional materials, brochures, fliers, and other publications without consideration of any kinds. I have read and fully understand the above photo/video authorization and consent. I do not authorize or give photo/video consent.

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY TREATMENT PERMISSION:

I acknowledge that NASR/Belvidere Park District does not carry medical insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached. I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform NASR/Belvidere Park District staff of any changes in the above information.

Medical Insurance Company: _____ Date: _____

Policy Number: _____ Signature of Parent/Guardian: _____

IMMUNIZATIONS

Is participant up to date on all required immunizations? YES NO Never been immunized

Comments: _____

MEDICATION

Medication	Dosage	Purpose	Side Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note that staff will NOT administer ANY medications without a completed Permission to Dispense Medication Form.

HEALTH

Does participant seizure? YES* NO Comments: _____

*If yes, there must be a current SEIZURE ACTION PLAN complete and on file with Belvidere Park District.

Does participant have asthma? YES NO _____

Does participant have allergies? YES NO _____

DIETARY

Does participant require assistance eating or drinking? YES NO Comments: _____

• Have any food restrictions/allergies? YES NO _____

• is Participant Diabetic? YES NO _____

BEHAVIOR

Does participant display unusual fears? YES NO Comments: _____

Does participant comply with verbal requests? YES NO _____

Does participant respond to specific directions? YES NO _____

Does participant have any known situations that sets them off? YES NO _____

What actions are to be taken if a particular behavior is presented? _____

Does participant respond to any reinforcement devices? _____

Does participant respond to any behavior improvement techniques? _____

GENERAL

Does participant enjoy swimming/water? YES NO Swim Level: _____

Other: _____

Program Registration Form



1006 W. Lincoln Avenue
 Belvidere, IL 61008
 Phone: 815-547-5711
 Fax: 815-544-4648

Date Registered: _____

Parent/Guardian: _____

Address: _____

City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____ Contact Person: _____

E-Mail: _____

Participant's First & Last Name	M/F	DOB	Program Code	Fee
TOTAL FEE				

CHECK T-SHIRT SIZE (if applicable):

Youth: YS YM YL (circle one)
 Adult: Small Medium Large X-Large (circle one)

School: _____ Grade _____

Please list any special needs or accommodations you may need:

It is understood that any participants that register and participate in such activities assume all risk for liability, medical or accident claims or damages.

Any action to enforce the terms of this contract, the prevailing party shall be entitled to reasonable attorney fees and court costs.

Belvidere Township Park District Photographs and Video Tapes Program participants: By registering for these programs, the participant consents to use by the park district of his/her likeness in park district advertising and other uses related to park district programming.

PARTICIPANT'S OR PARENT'S SIGNATURE _____

Recurring Credit Card Charge Authorization Form

I (**we**) hereby authorize, The Belvidere Park District, to make recurring charges to my credit card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until The Belvidere Park District is notified by me (us) in writing to cancel it in such time as to afford The Belvidere Park District and credit card company a reasonable opportunity to act on it.

Name –PLEASE PRINT AS APPEARS ON CARD

Address-PLEASE PRINT

Phone Number/EMAIL-PLEASE PRINT

Last 4 digits of card

Visa/MasterCard

Please circle

Expiration Date

CVV Code

Charge Amount

Billing Zip Code

Signature

Effective Date

This credit card authorization form is for the 2017 Camp Compass Program

Please return to:

Belvidere Park District 1006 W Lincoln Ave. Belvidere, Illinois 61008

815-547-5711 Administration Office Telephone Number



Camp Compass Registration Procedures & Fee Information

Effective for 2017 Summer

(Updated 12/1/2016)

Participant Name: _____

Camp Compass has a substantial impact on Belvidere Park District’s financial position, which means that the revenue and expenses for the program undergo regular review. The financial stability of this program is critical to Belvidere Park District’s ability to continually offer our programs and services. At this time, the following procedures have been set forth to accommodate the continued success of Camp Compass.

PARTICIPANT INTAKE PROCEDURE:

In order to register for Camp Compass, each participant must complete a Camp Compass Registration Packet which includes the following:

- Camp Compass Parent Handbook
- Program Registration Form
- Camp Compass Information & Registration Procedures
- Credit/Debit Authorization Form
- OR**
- Recurring Credit Card Charge Authorization Form
- Student Health History & Emergency Contact Form
- Authorized Pick Up Form
- Medication Dispensing Waiver (as needed)
- Seizure Action Plan (as needed)
- Rivers Edge Climbing Wall Release
- Getting to Know Your Child

Camp Compass FEE INFORMATION:

Camp Compass 2017 will be conducted in 11, one-week sessions starting May 30th– August 11th. A non-refundable deposit of \$20 can be made to reserve your weeks of camp.

The registration deadline is the Wednesday at 11:59 before the week attending.

Age Group	Code	R/NR by 5/1	R/NR after 5/1	Dates	Time	Days
Discover (Ages 3-5)	410016-(01-11)	\$135/\$197	\$145/\$200	5/31-8/11	7:00 – 6:00 pm	M-F
Explore (Grades K-1)	410026-(01-11)	\$135/\$197	\$145/\$200	5/31-8/11	7:00 – 6:00 pm	M-F
Achieve (Grades 2-3)	410036-(01-11)	\$135/\$197	\$145/\$200	5/31-8/11	7:00 – 6:00 pm	M-F
Lead (Grade 4-5)	410046-(01-11)	\$135/\$197	\$145/\$200	5/31-8/11	7:00 – 6:00 pm	M-F
Succeed (Grade 6-8)	410046-(01-11)	\$135/\$197	\$145/\$200	5/31-8/11	7:00 – 6:00 pm	M-F

****Fees will be prorated for shortened holiday weeks****

PAYMENT PROCEDURE:

1. Payment Options:

- a. ACH Payment Option (Installment Billing - automatic weekly withdrawal from a debit/credit card or your checking account):
 - Complete a “Belvidere Park District Credit/Debit Authorization Form” or a “Recurring Credit Card Charge Authorization Form.”
 - First payment for Camp Compass is due at time of registration and will be withdrawn within 24 hours of registration.
 - Remaining payments will be withdrawn on Thursday mornings before the week attending.
- b. NON-ACH Payment Option (payments made at time of registration):
 - All registration payments are due in full at the time of registration by cash or check in person or debit/credit card in person or online.



Camp Compass Registration Procedures & Fee Information

Effective for 2017 Summer

(Updated 12/1/2016)

Participant Name: _____

2. **EMV Compliance**

In compliance with EMV, phone payments will not be taken.

3. **Prompt Payment**

Prompt payments are essential to Belvidere Park District programming, the participant, & their family. If payment is not prompt, your child will be removed from the program.

4. **Payment Interruptions**

- Payment Declined: A phone call will be made by the Business Office to the phone number provided. If you are not reachable by phone, an email will be sent. A new form of payment is expected in person before your child can attend the next week.
- Processing Fee & NSF Fee: If a payment is rejected and/or bounced, you will be assessed a processing fee of \$10.00, as well as, be charged a \$35.00 NSF fee. All fees must be paid before a participant can return to the program.

5. **Removal From & Reinstatement In Camp Compass**

- Repeated Payment Rejection (Bouncing): participant will be removed from the program and his/her place will be forfeited to the next individual seeking to register.
- Camp Compass Reinstatement:
 - If a participant requests reinstatement, the following must occur:
 - All outstanding balances must be paid in full.
 - 3 weekly payments must be submitted and clear the bank, up front. 1 payment will be applied to current participation. The 2nd and 3rd payments will be applied towards the last 2 payments for the summer.
 - Weekly payments begin immediately; in line with the current payment schedule & **MUST** be through the ACH option.
 - Consideration for reinstatement will be given on a case by case basis and **ONLY** if there is a space available.

REFUND PROCEDURE:

There are no refunds or credits given for missed days; including personal vacation time off and program suspensions due to behavior. It is the responsibility of the parent/guardian to choose the weeks of care needed.

- Exception: will be given with a written doctor's note stating that the participant was ill for an extended amount of time and under the care of a physician.
 - Doctor's note must be presented to the Recreation Supervisor in order for any refund to be considered and a refund request form must be filled out.
 - On a case by case basis, refunds may not be given if discounts were previously applied to participant's registration.



Camp Compass
Registration Procedures & Fee Information

Effective for 2017 Summer

(Updated 12/1/2016)

Participant Name: _____

PLEASE SELECT CHOICE OF PAYMENT:

PAYMENT OPTION 1: ACH PAYMENT (Installment Billing):

- Weekly Payments of Weeks Registered.
*Initial payment of first week’s registration is due at time of registration and remaining payments will be withdrawn weekly (Thursday before your child(ren)’s week of attendance).

PAYMENT OPTION 2: NON-ACH PAYMENT (Payments made at time of registration)

- Weekly Payments of Weeks Registered.
*All payments are due in full at time of registration.

Camp Compass REGISTRATION PROCEDURES & FEE INFORMATION
ACKNOWLEDGEMENT/AGREEMENT

I have read and understand the Camp Compass Fee Information & Registration Procedures. I agree that, if at any time, I do not understand the above information I will seek out the information by contacting the Recreation Supervisor.

Parent/Guardian Signature: _____

Date: _____

Participants Signature (if applicable): _____

Date: _____

2016-2017

EMERGENCY AND/OR AUTHORIZED PICK UP CONTACT FORM

Child's Name: _____

Primary Emergency Contacts: Mother: _____ Phone: _____
Belvidere Park District staff will make every effort to contact these primary contacts before those in chart below. Father: _____ Phone: _____

Other _____ : _____ Phone: _____

TO BEST SERVE YOUR CHILD, PLEASE FILL OUT THE CHART IN ITS ENTIRETY.

First Name	Last Name	Phone	Initial in box, where applicable, for each listed person	
			Able to be called in case of an emergency:	Able to pick up your child from program:

I give permission that in case of the illness or accident of my child, and I am unable to pick up my child, one of the primary emergency contacts or individuals approved from the chart above has permission to be contacted. I also give permission to all primary emergency contacts and those individuals approved from the chart above to pick up my child from program in the event of a late or alternate pick up. Please inform each person on this list that they are on it and that they MUST show a state issued photo ID when picking your child up.

Signed: _____ Date: _____ Relationship to Child: _____

*NOTE: Belvidere Park District staff members may not be considered as an emergency or authorized pick up contact for a participant (including family members) if they are working or on the schedule to work that day. If the BPD staff member is not working, they may be listed and considered as an eligible emergency or authorized pick up contact.

2016-2017

EMERGENCY AND/OR AUTHORIZED PICK UP CONTACT FORM

Child's Name: _____

Primary Emergency Contacts: Mother: _____ Phone: _____
Belvidere Park District staff will make every effort to contact these primary contacts before those in chart below. Father: _____ Phone: _____

Other _____ : _____ Phone: _____

TO BEST SERVE YOUR CHILD, PLEASE FILL OUT THE CHART IN ITS ENTIRETY.

First Name	Last Name	Phone	Initial in box, where applicable, for each listed person	
			Able to be called in case of an emergency:	Able to pick up your child from program:

I give permission that in case of the illness or accident of my child, and I am unable to pick up my child, one of the primary emergency contacts or individuals approved from the chart above has permission to be contacted. I also give permission to all primary emergency contacts and those individuals approved from the chart above to pick up my child from program in the event of a late or alternate pick up. Please inform each person on this list that they are on it and that they MUST show a state issued photo ID when picking your child up.

Signed: _____ Date: _____ Relationship to Child: _____

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MEDICATION DISPENSING INFORMATION
(Page 1 of 2)

Background Information:

Participants Name: _____ Age: _____

Address: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Alternate Phone: _____

Doctor's Name: _____ Phone: _____

Medication Information

TO BETTER SERVE YOUR CHILD, FILL OUT THE INFORMATION BELOW TO ITS ENTIRETY.

Name of Medication: _____ **Dosage:** _____

Time of Day:

wake: _____ am breakfast: _____ am lunch: _____ pm dinner : _____ pm bedtime: _____ pm

Other: _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

Name of Medication: _____ **Dosage:** _____

Time of Day:

wake: _____ am breakfast: _____ am lunch: _____ pm dinner : _____ pm bedtime: _____ pm

Other: _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

MEDICATION DISPENSING INFORMATION

(Page 2 of 2)

Name of Medication: _____ **Dosage:** _____

Time of Day:
wake: _____ am breakfast: _____ am lunch: _____ pm dinner : _____ pm bedtime: _____ pm
Other: _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

Name of Medication: _____ **Dosage:** _____

Time of Day:
wake: _____ am breakfast: _____ am lunch: _____ pm dinner : _____ pm bedtime: _____ pm
Other: _____

Dispensing and storage instructions: _____

Possible Side Effects: _____

Comments/Additional Information: _____

I understand that it is my responsibility to give the medication directly to a **Belvidere Park District (BPD)** program staff member in original prescription container/s and clearly labeled with the following information: Participant's name, name of medication, and complete dosing instructions.

In all cases, medication dispensing can only be changed or modified by completing another Medication Information Form.

I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform **BPD** of any changes in the medication or dispensing of medication occurs.

Signature of Parent of Guardian

Date



BELVIDERE PARK DISTRICT SEIZURE ACTION PLAN

(Updated 6/13)

Date Plan is Effective: _____ thru _____ and will be revisited on: _____

This patron has a seizure disorder. The information below should assist you if a seizure occurs during program hours.

Patron's Name _____

Date of Birth _____

Parent/Guardian _____

Phone _____

Cell _____

Other Emergency Contact _____

Phone _____

Cell _____

Treating Physician _____

Phone _____

Significant Medical History _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Patron's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures: _____

Does the patron need to leave the program activity during a seizure? Yes No

If YES, describe process for returning student to the activity: _____

Basic Seizure First Aid

- Stay calm & track time
- Keep patron safe
- Do not restrain
- Do not put anything in mouth
- Stay with patron until fully conscious
- Document seizure

Emergency Response

A "seizure emergency" for this patron is defined as: _____

Seizure Emergency Protocol
(Check all that apply and clarify below)

- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Other _____

Park District Emergency Policy

911 is generally called when:

- Convulsive seizure lasts longer than 5 minutes.
- Patron has repeated seizures without regaining consciousness
- Patron is injured or has diabetes
- Patron has a first-time seizure
- Patron has breathing difficulties
- Patron has a seizure in water
- A staff is uncomfortable with the situation.

Treatment Protocol During Program Hours (include daily and emergency medications)

Emerg. Med ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does patron have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

Special Considerations and Precautions (regarding activities, sports, trips, etc.):

Describe any special considerations or precautions: _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please review and sign the policy on the reverse side of this form.

Belvidere Park District Protocol for Activating EMS for a Seizure

The EMS (911) System will be activated if Staff is unfamiliar with a patron or is unsure if the patron has been previously diagnosed or is being medically treated for a seizure disorder.

If the patron is known to be prone to seizures or is being medically treated for seizures, staff will not activate EMS, unless:

- The seizure lasts longer than 5 minutes (a medically accepted time frame for patrons who are seizure prone).
- Another seizure begins soon after the first.
- The patron does not regain consciousness after the convulsions have stopped.
- The patron is pregnant.
- The patron has diabetes.
- The patron has a medical alert tag or diabetic alert tag.
- The patron appears injured.
- The patron has swallowed excess amounts of water.
- **Staff is uncomfortable with the situation.**

Patrons who have a seizure during program hours will be restricted from any entry into the water for the remainder of the day.

If a minor patron, the occurrence of a seizure will be reported to the patron's parents.

I have read and understood the Belvidere Park District Protocol for Activating EMS for a Seizure.

Signature of Patron (or Parent/Guardian)

Date



Climbing Wall Release/Indemnification of all Claims and Covenant Not to Sue

Notice: **THIS IS A LEGALLY BINDING AGREEMENT.** By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Climbing Wall, now or any time in the future.

Acknowledgment of Risk

I HERBY ACKNOWLEDGE AND AGREE that the sport of rock climbing and the use of the Climbing Wall (hereinafter referred to as the Climbing Wall) has inherent risks. I have full knowledge of the nature and extent of all risks associated with rock climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting in falling off the Climbing Wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor.
2. Rope abrasion, entanglement, and other injuries resulting from activities on or near the rope, rescue systems, and any other rope techniques.
3. Injuries resulting from falling climbers or dropping items, such as, but not limited to, ropes or climbing hardware
4. Cuts and abrasions resulting from skin contact with the Climbing Wall
5. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Climbing Wall, I _____, the undersigned user (or parent/guardian of the user), agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HERBY DO RELEASE THE BELVIDERE PARK DISTRICT, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the THE BELVIDERE PARK DISTRICT, on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of BELVIDERE PARK DISTRICT, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Climbing Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement, I am relieving BELVIDERE PARK DISTRICT of any liability for such loss, damage, or death.

I further certify that I am in good health and that I have no physical limitations, which would preclude my safe use of the Climbing Wall.

I further certify that the climber's date of birth is _____ (month/date/year), present age is _____, and that I (or parent/guardian) am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after I have carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed at the Rivers Edge Facility.

Date _____

Climbing Wall User's Signature

Climbing Wall User's Name (Print)

Parent/Guardian if user is under 18

Contract to Follow Climbing Wall Safety Policies

I, _____ (name of climber) accept full responsibility for my own safety and the safety of other climbers while in the climbing gym area. I agree to abide by, and to help enforce, the following climbing wall safety policies:

1. No unbelayed climbing above the bouldering line.
2. Climbers must be roped and belayed through a belay plate. Belays must be anchored. Roped climbers and belayers must wear harnesses.
3. Lead climbers must use adequate protection to eliminate the possibility of a ground fall at all times.
4. Inform other climbers of any situation seen as unsafe or not in accordance with Climbing Wall Safety Policies. All climbers are asked to assist and encourage less experienced climbers.
5. All accidents or equipment damage must be reported immediately.

BELVIDERE PARK DISTRICT reserves the right to withdraw the membership of any individual permanently or for a specified period of time for breach of contract in following the Climbing Wall Safety Policies, or for any conduct that is viewed as unsafe or inappropriate.

In consideration of the use of the Climbing Wall, I acknowledge that I have read and agree to abide by the Climbing Wall Safety Policies.

Climbing Wall User if over 18, or Parent/Guardian Signature _____

***Name of climber (print clearly) _____ Address _____

City _____ State _____ Zip _____

Phone _____

FOR OFFICE USE ONLY

Entered in to computer by _____ on _____

Getting to Know Your Child

Please complete this form so we may get to know your child better.

Child's Name _____ Birth Date _____

Parent(s)/Guardian _____

Nickname/What would you like us to call your child _____

Siblings (Name & Ages) _____

Does your child have any special fears? If so, please explain _____

What do you do to reassure your child? _____

Does your child have any special interests? (i.e. trips, bugs, pets) _____

Previous School Experience _____

Is your child generally: friendly slow to warm up active sensitive other _____

How does he/she get along with siblings/playmates? _____

How does your child express feelings? _____

How do you discipline? _____

Primary language spoken at home _____

What do you hope your child takes away from this program? _____

Is there anything else you would like to share about your child?



Belvidere Park District
3rd Base & Camp Compass
Program Behavior Guidelines & Expectations

Belvidere Park District promotes and encourages the concept of fun for everyone. However, certain rules have been established to ensure the safety and enjoyment of all people involved. The following guidelines have been established to make sure -Belvidere's programs are safe and enjoyable for everyone. Belvidere's participants are expected to demonstrate appropriate behavior during programs. The district's basic behavior guidelines and expectations insist that participants shall:

- Show respect to each other and staff
- Abstain from using foul or abusive language
- Refrain from inflicting bodily harm to any individual
- Demonstrate respect to equipment and facilities
- Follow directions given by Belvidere Staff
- Stay within program boundaries
- Have control of bowel and bladder

A caring, positive approach will be utilized regarding the use of any disciplinary methods. Additional or individual behavior management plans may be developed on the advice of parents, guardians, Belvidere Park District staff, or other professionals. Belvidere Park District reserves the right to dismiss a participant if the above noted guidelines and expectations are not adhered to, and/or, parent/guardian response to a problem situation is not attempted. Each situation will be evaluated individually and on its own merit.

Additional rules may be developed for particular programs and athletic leagues as deemed necessary by Belvidere Park District staff.