

Belvidere Park District
Youth Participant Packet
2018-2019

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
- Child Questionnaire
- Discipline Policy

To register for the 3rd Base Program or Camp Compass you must register online at belviderepark.org or in person at River's Edge Recreation Center. Finished Youth Participant Packet can be turned in at River's Edge Recreation Center or emailed to me at the email listed below. If you have any questions regarding the paperwork, then feel free to contact me.

Victoria Packer
Recreation Supervisor- Youth
Office: 815-547-5711 ext. 16
Fax: 815-544-4648
vpacker@belviderepark.org



Belvidere Annual Information Form

2018-2019

This information will be used for all youth programs during 2018-2019
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: _____
 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 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 BPD staff.

Signature of Parent/Guardian: _____ Date: _____

PHOTO/VIDEO AUTHORIZATION AND CONSENT:

I hereby authorize and give my permission to 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 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 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 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? _____

GENERAL

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

Other: _____

PROGRAM REGISTRATION FORM



Date Registered _____ Email _____

Parent/Guardian _____

Address _____

City _____ Zip _____

Home Phone _____ Cell _____

Emergency Contact _____

Emergency Phone _____

Please list any special accommodations you may need:

Grade/School _____

Participant First & Last Name:	M/F	Date of Birth:	Program CODE:	Program Name	Program FEE:	Entered Computer	Amount Paid

TOTAL DUE:

TOTAL ENCLOSED:

Please make checks payable to:
BELVIDERE PARK DISTRICT

WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK
Please read this form carefully and be aware that in signing up and participating in the programs listed above, 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 these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 and relinquish all claims I or my minor child/ward may have (or accrue to me or my minor child/ward) as a result of participating in these programs against the Belvidere Park District including its officials, agents, volunteers and employees.

If registering on-line, your on-line signature shall substitute for and have the same legal effect as an original signature. After reading the above information, please sign and date the registration form.

Participation will be denied if the signature of adult participant or parent/guardian and date is not on the waiver. I have read and fully understand the important information, warning and risk, assumption of risk and waiver and release of all claims on this form.

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

PARTICIPANT or PARENT/GUARDIAN SIGNATURE: _____

Mail Registration to:
Belvidere Park District
1151 W. Locust St.
Belvidere, IL 61008
Ph: 815-547-9557
Fax: 815-544-4648

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	Expiration Date
	Please circle	

_____	_____	_____
CVV Code	Charge Amount	Billing Zip Code

_____	_____
Signature	Effective Date

This credit card authorization form is for the 2018-2019 3rd Base Program

** If the credit card is declined during any of the billing cycles you will be removed from the installment billing/automatic recurring credit card program and then prepay thereafter.

If you have any questions feel free to contact: Belvidere Park District at 815-547-5711

Checking Account Credit/Debit Authorization Form

I (we) hereby authorize **Belvidere Park District** (The Company) to initiate a debit entry to my (our) checking account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions 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 allow the **Belvidere Park District** and Bank a reasonable opportunity to act on it.

Name of Financial Institution: _____

Location (City & State): _____

Financial Institution's Routing Transit Number: _____

Checking Account Number: _____

Customer Signiture _____ **Date** _____

Customer Name (Print) _____

****Please attach a copy of a canceled check****

****Should this payment be returned you will be responsible for fees (\$25.00) accessed to the Belvidere Park District as a result of your returned item/s**

**** Should this payment be returned during any of the billing cycles you will be removed from the installment billing/automatic ACH program and then prepay thereafter.**

2018/2019 3rd Base Program



3rd Base

Registration Procedures & Fee Information

Effective for 2018 – 2019 School Year

(Updated 7/2018)

Participant Name: _____

3rd Base 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 3rd Base.

PARTICIPANT INTAKE PROCEDURE:

In order to register for the 3rd Base, each participant must complete a 3rd Base Registration Packet which includes the following:

- 3rd Base Parent Handbook
 - Program Registration Form
 - 3rd Base Fee Information & Registration Procedures
 - Credit/Debit Authorization Form
 - Student Health History & Emergency Contact Form
 - Authorized Pick Up Form
 - Medication Dispensing Waiver (as needed)
 - Getting to Know Your Child
- OR**
- Recurring Credit Card Charge Authorization Form

3RD BASE FEE INFORMATION:

During the 2018 – 2019 School Year, 3rd Base registration has a weekly registration with the option of one to five days of attendance. ***The registration deadline is the Wednesday at 11:59pm before the week attending.*** There will be no option for drop-ins. Below is the fee structure.

Daily Fee:	1 st Child	2 nd Child	3 rd + child(ren)
	\$13.00/day	\$11.80/day	\$10.60/day
Early dismissals are included in the daily fees. No school days are listed below.			

2018 – 2019 District #100 No School Days:

<u>Weeks:</u>	<u>Days:</u>
12/24 – 1/4	9/3, 10/5, 10/8, 11/21, 11/22, 11/23,
3/25 – 3/29	1/21, 2/15, 2/18, 4/19, 4/22

* The following dates are Emergency Days, if needed/used, 5/28 – 6/3

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.”
 - Payments will be withdrawn on the Thursday 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.

2. EMV Compliance



3rd Base

Registration Procedures & Fee Information

Effective for 2018 – 2019 School Year

(Updated 7/2018)

Participant Name: _____

In compliance with EMV, phone payments will not be taken unless we have a card on file that was electronically captured previously.

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 registered date.
- 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 \$25.00 NSF fee. All fees must be paid before a participant can return to the program.

5. Removal from & Reinstatement in 3rd Base

- Repeated Payment Rejection (Bouncing): Participant will be removed from the 3rd Base program and his/her place will be forfeited to the next individual seeking to register. Removal from the program may be deferred for up to 1 month; pending account review and Recreation Supervisor approval.
- 3rd Base 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.
 - 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 days of care needed. If a participant misses or plans to miss a significant amount of time, they are responsible for notifying the site.

- 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.

WEATHER CANCELLATION PROCEDURE:

Belvidere Park District makes every attempt to run programs as scheduled. However, weather circumstances beyond our control may prohibit a program from running. Occasionally, inclement weather may make it difficult and unsafe for participants and staff to travel to program locations. 3rd Base operates on the District 100 School Calendar and Weather Cancellation Schedules. **Please tune to channels 17 WTVO, 23 WIFR, or 39 WQRF or visit their websites for program closure information.**



3rd Base

Registration Procedures & Fee Information

Effective for 2018 – 2019 School Year

(Updated 7/2018)

Participant Name: _____

- If school is cancelled, 3rd Base will also be cancelled.
 - Household credits will be issued if 3rd Base is cancelled by the Belvidere Park District including weather related cancellations.
 - If you would like your child to attend the scheduled make up day at the end of the school year, you must register and pay for that by the Wednesday before the week attending at 11:59pm deadline.
- If 3rd Base has already begun for the day and weather begins to worsen, we will make every attempt to contact parents to pick their children up early. This will ensure the safety of all employees, participants, and families. **You will only be notified if the program is dismissing early.**
- If school/3rd Base is not cancelled and a participant chooses to stay home, a refund/credit will not be issued.

PLEASE SELECT CHOICE OF PAYMENT:

PAYMENT OPTION 1: ACH PAYMENT (Installment Billing):

- Weekly Payments of Days Registered.
 *Payments will be withdrawn weekly (Thursday before your child(ren)'s week of attendance). Please see attached registration & payment schedule for further clarification.

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

- Weekly Payments of Days Registered.
 *All payments are due in full at time of registration.
 Please see attached registration & payment schedule for further clarification.

**3RD BASE REGISTRATION PROCEDURES & FEE INFORMATION
 ACKNOWLEDGEMENT/AGREEMENT**

I have read and understand the 3rd Base 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: _____

2018-2019

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: _____

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

First Name	Last Name	Phone

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.

2018-2019

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: _____

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

First Name	Last Name	Phone

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.



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: _____ <u>am</u>	breakfast: _____ <u>am</u>	lunch: _____ <u>pm</u>	dinner : _____ <u>pm</u>	bedtime: _____ <u>pm</u>
Other: _____				
Dispensing and storage instructions: _____				

Possible Side Effects: _____				

Name of Medication: _____	Dosage: _____			
Time of Day:				
wake: _____ <u>am</u>	breakfast: _____ <u>am</u>	lunch: _____ <u>pm</u>	dinner : _____ <u>pm</u>	bedtime: _____ <u>pm</u>
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

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 following is a behavior code of conduct for the Belvidere Park District and is to be used as a guideline for discipline for any program participant:

- Participants will show respect to fellow participants, staff, and volunteers.
- Participants will follow direction from staff and volunteers.
- Participants will show respect to equipment, supplies, and facilities.
- Participants will not use foul and inappropriate language at any time.
- Participants will not show aggressive behavior (hitting, punching, slapping, kicking, biting, etc.) regardless if the behavior is initiated or in retaliation.
- Participants will not show continuous disruptive behavior.
- Participants will stay with the group at all times. No running away from staff at anytime or at any place.

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.