



PATRIOTS

GATEWAY COMMUNITY CENTER

2025 SUMMER CAMP PROGRAM REGISTRATION

Camp Dates: June 16-August 8, 2025 **Camp Times:** 7:30am – 5:30 pm

Please contact our office with any questions at 815.967.0413

Child Information (One per child)

Full Name : _____

Grade enrolled : _____ Date Of Birth :
on Sept. 1st 2024 M M D D Y Y

Full Address : _____

Sex : Female Male Postcode : _____

School : _____ City : _____

Participant t-shirt size : YS (6-8) YM (10-12) YL (14-16) YXL (18-20) Adult small Adult medium Adult Large

Did you attend PGCC summer camp in 2024? : Yes No Are you currently registered in PGCC after school program? Yes No

Ethnicity : _____ Do you receive SNAP? Yes No

nnnn

Parent information (Dropping off and/or picking up)

Primary Parent : _____ Relationship : _____

Street Address : _____

City / Country : _____ State / Provenience : _____

Cell Phone : _____ Email : _____

Place of Employment : _____ Hours of Employment : _____

Second Parent : _____ Relationship : _____

Street Address : _____

City / Country : _____ State / Provenience : _____

Cell Phone : _____ Email : _____

Place of Employment : _____ Hours of Employment : _____

Which adult does child reside with?: Primary Secondary if other, please write _____

Registration Fees

***Daily Fee: \$35 per Day**

*DATE OF FIRST DAY OF ATTENDANCE :

First week's payment due one week prior to first day of attendance. Subsequent weekly registration fees due by Friday preceding the week for which payment is due. If the week's registration fee is not made by the due date, your child will not be able to participate in the program until payment is made. I agree to provide timely prepayment for this child and the programs attended at Patriots Gateway Community Center.

*Signature of Adult responsible for payment and/or child care solutions:

How will you pay for your child? : I will pay I have Child Care Solutions and have Patriots Gateway Community Center as an approved site. This applies only to the programs for GRADES Full-time Kindergarten through Grade 6.

Printed Name

Signature

Date

Child's Physician or certified Christian Science Practitioner

Name : Clinic :

Address :

City / Country : State / Provenience :

Zip Code : Phone Number :

Emergency Contacts

1st Emergency Contact : Phone number :

Address of Contact :

Relationship :

2nd Emergency Contact : Phone number :

Address of Contact :

Relationship :

Persons Authorized to pick up child

1st Person : Phone number :

Address of Contact :

Relationship :

2nd Person : Phone number :

Address of Contact :

Relationship :

Special Information & AGREEMENT of Consent

Please check of YES or NO for each of the following items indicating your agreement to consent

Yes No : Medical Consent and Release

I state that any medical conditions (listed or not listed) would not prevent my child from safely participating in a sport/activity. I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity. I authorize Patriots Gateway Community Center to administer emergency first-aid. In the event that neither I nor my emergency contacts can be reached in an emergency, I give permission to Patriots Gateway Community Center to contact my child's physician or a physician selected by Patriots Gateway Community Center to secure proper treatment for the child in case of an illness or injury. I authorize the use or disclosure of the health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

Yes No

: I understand that my child will participate in day trips that will originate and return to Patriots Gateway Community Center. If my child has submitted and completed all registrations forms for enrollment in summer camp 2023, I give my permission for my child to be transported on vehicles to the designated field trip location. If my child has not completed all registration forms for enrollment in summer camp 2023, they will not be allowed to attend the field trip ____ INITIAL and I understand that my child will not be attending summer camp on that day ____ INITIAL because there will be no staff at PGCC. You will provided with specific transportation details for each filed trip in advance.

Yes No

: WAIVERS

Patriots Gateway Community Center is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Patriots Gateway Community Center continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect 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 your minor child/ward is physically fit and/or 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.

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 Patriots Gateway Community Center 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 for 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 and associated with this program/activity (including field trips and transportation services/vehicle operation when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 child/ward) as a result of participating in this program/activity against Patriots Gateway Community Center, including its officials, agents, volunteers, and employees. I do hereby fully release and forever discharge Patriots Gateway Community Center 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 and arising out of, connected with, or in any way associated with the program/activity.

Yes No

Photo Release (Note: Check "No" if you are a foster parent to the child.)

I give permission to Patriots Gateway Community Center to use and publish any photographs, videotape, film, slides or any likeness taken of my child while involved in programs at or with Patriots Gateway Community Center. I further waive, release and disclaim any right or claim to any payment or compensation for the use of my child's likeness, and waive, release and disclaim any damages or injuries which my child could or may suffer as a result of my consent to said use of any likeness of my child. Your child may step away from the camera or notify the photographer if you prefer that they not be photographed.*

*If you originally answered "Yes" to the "Photo Release" above but now wish to revoke permission, please initial and date below.

I hereby by revoke my permission for Patriots' Gateway Community Center to use pictures, videos, or any other graphic depiction or likeness of the minor listed in this application.

Initials: _____ Date: _____

No

Yes No

Should the Patriots staff be aware of any medications being taken, any disabilities or any special medical conditions such as allergies, asthma, etc. in relation to your child?

If yes, please describe:

Yes No : Should the Patriots staff be aware of the child who may have Autism, Asperger's, Down Syndrome, Tourette's?

If yes, what level or triggers should staff be aware of:

Yes No : Should the Patriots staff be aware of the child having ADHD or ADD?

If yes, list any triggers:

Yes No

: Should the Patriots staff be aware of any other factors critical to the well-being and ability of the child to participate in the program?

If yes, please describe:

I, the undersigned, being legal guardian of the minor listed on this application, hereby grant permission for the named applicant to participate in this program, having read and agreed to all the terms and conditions as stated above, and with the understanding that payment is due one week prior, contingent on alternative payment, and is non-refundable.

Participant Name Printed: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Today's Date: _____

If you are funded with CCAP or scholarship, you are required to attend at least 75% of the summer camp days each week. If you do not attend at least 75% of the summer camp days, then you will be responsible for cash payment of weekly registration fee. All fees for summer camp must be paid or payment arrangements must be made with the office. If your child is absent four out of ten days in a consecutive two week period, they will be unenrolled from camp, and the summer camp slot will be assigned to another youth on our waiting list.

If your child is registered for the middle school camp (entering grades 6th through 8th), and your child is absent 4 out of 10 days in a consecutive two week period, they will be unenrolled from camp, and the summer camp slot will be assigned to another youth on our waiting list. If you know that your child will be absent from summer camp for an extended vacation, you must notify us two weeks in advance or their summer camp slot will be assigned to another youth on the waiting list.

Adult or Parent sign and date :

Summer Camp is supported by our partnership with the following foundations.



RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in the rock climbing, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence ____ PGCC _____ and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate and also agree as follows:

1. I acknowledge that the rock climbing involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis, broken bones, torn ligaments, or bruises as a result of falls from walls on which climbing is being done; participants being struck by falling objects, such as other climbers or equipment; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian _____ Print Name _____

Date _____



Field Trips Permission Form

Dear Parent or Guardian:

Patriots' Gateway's Summer Camp is taking our youth on several field trips. The date and nature of each trip will be posted at the Patriots' reception desk area prior to the trip, along with any special instructions about appropriate clothing, etc. Please check for these notices daily when you drop off or pick-up your child.

There typically is no extra cost for these trips. Food is provided when the trip spans our normal lunch or snack period. To acknowledge that you approve of your child attending these events, please sign this consent form, and return it to Patriots'. Please complete a separate form for each child you have enrolled in the summer program.

Signing this form indicates that you approve of your child attending all the trips. You will not receive a separate permission form for each trip. If we do not receive a signed permission form, your child will not be able to participate in any trips. If we do not have the signed form, your child will not be allowed on the trip, nor will they be able to remain at the center as all Summer Camp Staff will be chaperoning. If you simply do not want your child to attend the trips, please check the box below indicating that your child will not attend camp on trip days.

Thank you.

Child's Name: _____

I hereby give consent for the above child to attend all Patriots' field trips.

Parent/Guardian: _____ Date: _____

In case of an emergency, please contact:

Name: _____ Relationship to child: _____

Phone #: _____

I prefer my child DOES NOT attend Patriot's field trips and understand I am to keep them home on trip day.

Parent/Guardian Signature: _____ Date: _____