



# CAMP ADVENTURES



SUMMER 2026

**Dear Parents and Campers,**

Welcome to **2026 Camp Adventurers!** We are thrilled to have you join us this year and can't wait to embark on a summer packed with excitement, adventure, and new friendships. This summer's camp will feature a wide variety of activities including arts and crafts, games, outdoor fun, field trips, and so much more.

Please take a few moments to review the enclosed manual, as we've made some updates to our policies. This guide is designed to answer any questions you may have about our program. Inside, you'll find important forms that need to be completed and returned to us. Please make sure all forms are submitted to the main office as soon as possible. The information forms are for you to keep for your reference.

We **MUST** receive all required forms at least one week prior to your child(ren)'s first day of camp.

While all the forms are crucial, we ask that you pay special attention to the camp behavior policy and rules. Please take time to go over these with your child, as safety is always our top priority!

A list of our June field trips will be available in May 2026. Please note that trips may be rescheduled or changed due to weather or other unforeseen circumstances. You will receive a monthly schedule on the first day of each month, and while we strive to stick to it, changes may sometimes be necessary.

**Camp Director:** Ms. Megan

If you have any questions or concerns at any point throughout the summer, please don't hesitate to reach out to our summer camp coordinator at **meganv@washingtonparkdistrict.com** or by calling **309-444-9413**.

We're looking forward to an amazing summer!

**Sincerely,**  
Camp Adventurers Staff

# Sign Up By Week

**Grades K – 6**

**Time: 9AM – 4:30PM**

<u>Session</u>	<u>Days</u>	<u>Dates</u>	<u>Fee R/NR</u>
Kickin' It Off	Mon – Fri	June 1-5	\$165/\$190
Tropical Takeover	Mon – Fri	June 8-12	\$165/\$190
Under the Sea	Mon – Fri	June 15-19	\$165/\$190
Camp Carnival	Mon – Fri	June 22-26	\$165/\$190
Red, White, Boom	Mon – Fri	*June 29-July 2	\$132/\$152
Crazy Days	Mon – Fri	July 6-10	\$165/\$190
Splash Zone	Mon – Fri	July 13-17	\$165/\$190
Christmas in July	Mon – Fri	July 20-24	\$165/\$190
Super Hero	Mon – Fri	July 27- 31	\$165/\$190
Wrappin' It Up	Mon – Fri	August 3-7	\$165/\$190

\*No camp on July 3<sup>rd</sup>

## What to bring to camp!

**Each camper will have his/her own locker to put their items in each day.**

**Every day, campers MUST bring the following items:**

- A back pack
- A sack lunch (including drink)
- A swimsuit
- A towel
- Water Bottle - Your child will need their water bottle during our afternoon snack and all throughout the daily activities.

ALL ITEMS MUST BE MARKER WITH CAMPER'S NAME.

All unclaimed items can be found at the lost and found table.

**\*PLEASE SEND A SWIMSUIT EVERYDAY. WE DO WATER ACTIVITIES DAILY!\***

## **SUNSCREEN**

As a staff we do our very best to ensure campers do not get sun burned, but we need your help! It is much easier for us to have a camp supply of sunscreen instead of every camper having his/her own in their backpacks. **Therefore, every camper is asked to bring 1 bottle of aerosol spray sunscreen per every week they attend!** We will not apply liquid sunscreen. We recommend that you apply sunscreen to your child before dropping them off.

## **CLOTHING**

Children attending camp will receive a camp T-shirt. Camp T-shirts will be required only on field trip days (Tuesdays & Thursdays). Campers will only receive one shirt. We recommend that your child be dressed in clothes that do not restrict participation in activities. Shorts or pants are recommended. **Campers should also wear tennis shoes; no flip-flops or other open toed shoes may be worn.** On pool days they can wear flip flops but please send a pair on tennis shoes in their bookbag. We will be playing a lot and sandals can break or cause injuries.

## **FIELD TRIPS**

A minimum of one field trip per camp session will be taken. Some trips will be walking trips around town or trips where transportation will be provided. All entry fees for trips are included. **On field trip days, campers will be required to wear their camp T-shirts.\***

## **TOYS FROM HOME**

Please have your children keep their toys and personal possessions at home. **IPads, hand-held video games, cell phones and other electronics are NOT allowed at camp.** If brought the child will be asked to put it back in their bookbag. If seen again said device will be placed at the sign out table until pick up.

## **AM & PM Extended Hours Care**

New to camp is our daily AM & PM Extended Hours Care. No longer will you need to purchase by 15-minute increments. We are now offering daily AM or PM rates. If you need both coverages, please choose both during the registration process. Refunds/credits will not be issued for unused days. Late fee \$1 per minute after 4:30 PM.

Campers must be pre-registered for before & after camp care prior to the start of camp. To register for AM or PM care, please stop in the office if not purchased at time of registration.

We are excited to announce a new feature for our campers: daily AM & PM Extended Hours Care! You no longer need to purchase care in 15-minute increments, as we are now offering simplified daily AM or PM rates. If your child requires both morning and afternoon care, please ensure to select both options during the registration process. Please note that refunds or credits will not be issued for unused days, and there will be a late fee of \$2 per minute for any pick-ups after 4:30 PM.

To take advantage of this service, campers must be pre-registered for before & after camp care prior to their first day of attendance. If you haven't purchased AM or PM care at the time of registration, we invite you to come by the office to register.

Remember, before and after care **MUST** be purchased **BEFORE** the first day your child attends camp. If not pre-registered, unfortunately, your child will not be allowed to stay, and a late fee will apply if you sign up on the day of attendance.

**AM Extended Care: 6:30 – 9AM**

Resident Fee: \$8 per day

Non-Resident Fee: \$9 per day

**PM Extended Care: 4:30 – 6PM**

Resident Fee: \$6 per day

Non-Resident Fee: \$7 per day

\$1 per minute after 6PM

## TRANSPORTATION TO SWIM LESSONS & WPD PROGRAMS

We will be happy to provide transportation to swim lessons or other WPD programs that take place prior to **10:30 a.m.** start time. **Camp field trips/special activities do take priority.** If a schedule conflict arises, please let us know. It is the parent's decision as to what program their child will attend or make other arrangements for transportation for their child. Communication with us is greatly appreciated. You will need to fill out an **Activity Transport Form** telling us what time the lesson/program is and the location. Look for our camp logo by the activity. If a camp logo is next to the activity we will provide transportation.

## ARRIVAL/DEPARTURE



Camp is held at the Washington Park District Recreation Facility located at 105 S [redacted] Street. Parents are required to come into the building and accompany their children to our Camp Adventurers table. It is also required for the parents to pick up their children and sign them out with the appropriate staff member.

**Only persons listed on the authorized pickup list can pick up your child.** Persons picking up campers may be asked to show photo id. **Each child must be signed in and out daily.**

## ABSENCES/ILLNESS

Please notify the Washington Park District at 444-9413 if your child will be absent or cannot attend due to illness. If a child becomes ill during the program a parent will be notified and asked to pick up their child. If the parent is unavailable, the emergency contacts will be called. **Your child must be fever free for 24 hours without the use of any medicine's before returning to the program.**

In case of contagious disease, please notify a Camp Adventurers staff immediately. All parents of campers at that site will be notified as soon as possible.

## REFUNDS

Fees cannot be adjusted for absences. Any refunds must be requested to the Park District no later than two weeks before the start of camp for a refund minus the deposit. If a refund is requested after this time a 50% refund will be given up to 2 business days before camp begins. No refunds will be given after that point.

## MEDICATIONS

Counselors are not allowed to administer medication to any children unless the parents have notified the Park District Office that their child needs medication and have signed a **Medication Dispensing Information Form** and **Waiver**.

\* A doctor's note must be on file. You need to provide a letter from your doctor stating the name of the medication your child is on, the dosage and what time the medication is to be given.

## DISCIPLINE

The purpose of discipline is to help a child develop self-control and to learn to assume responsibility for his or her own actions. We use only positive statements, natural consequences and reinforcement to redirect negative behavior. Our Behavior Management Procedures is included in the following pages. Please go through this with your child and discuss these expectations. **This form will need to be signed by both parent and child.**

**\*\*\*Fighting, inappropriate behavior and dangerous activity that threatens the safety of the camper and others may result in immediate suspension or expulsion from camp to be determined by camp staff and the Washington Park District supervisor. The Washington Park District reserves the right to make this decision as necessary. Refunds are not issued in the event of a suspension.**

- This program adheres with many of the DCFS guidelines, but is not licensed or regulated by DCFC with the state of Illinois
- We are a "NO FIREARMS" facility.

# Washington Park District Camp Adventurer's Behavior Management Policy

In order for us to have a safe and enjoyable summer, we have established some guidelines. Please read and discuss the rules, and consequences with your child. The following rules must be followed at all times, both while in our building and on field trips:

1. Campers must follow staff directions the first time asked.
2. Campers must stay with their assigned group and counselors at all times.
3. Campers must have permission to leave the designated camp areas.
4. Profanity, fighting, and disruptive behavior are not allowed.
5. Campers must participate in the scheduled activities.
6. Campers must respect camp property, camp staff, and other campers.
7. When riding the bus campers are expected to sit on their bottom with their feet on the floor and use appropriate indoor voices.
8. No gum, candy or toys from home.
9. No phones, Nitento switches, or Ipads are allowed at camp.

If a camper is fighting, using profanity, destroying camp property, and/or being disrespectful to other campers or camp staff, they will be asked to sit out the rest of the day. A camp staff member will call the parent or guardian. Depending on the severity of the behavior the parent **will** have to come pick the child up.

Each card has a consequence of different severity. The counselor will document the behavior, date, and time on our "pulled card/incident" sheet. If a camper does not follow the camp rules, discipline will be as follows:

**1st offense (yellow):** The camper will be asked to sit out of the activity for ten to fifteen minutes.

**2nd offense (orange):** The camper will be asked to sit out of the activity for thirty minutes to an hour and a camp staff member will contact the parent via a phone call to inform them of the inappropriate behavior. Depending on the severity of the behavior parent or guardian will be asked to come pick them up.

**3rd offense (red):** A camp staff member will call the parent or guardian about the camper's behavior. Camper will sit at the sign out table until the parent or guardian picks them up. Depending on the severity of the behavior the camp director and managers will discuss if the child is able to return camp.

Any continued behavior after the 2<sup>nd</sup> or 3<sup>rd</sup> offense will be a cause for suspension from camp at the discretion of the supervisor. Once the red card has been pulled the camper will not be able to participate in the scheduled field trip. If the behaviors occur in the morning, they will not participate in the afternoon field trip, but if the behaviors occur in the afternoon or on a field trip the camper will be unable to participate in the next field trip scheduled.

\*This is given if a child was involved in an incident where there was no physical harm and they did not break any rules. Our top priority after safety is communication. We feel it is important to keep parents up to date on what is happening involving their child.

**Any behavior incidents will be documented and a written incident report will be presented to the parent at time of pick-up. Parents must sign the report and it will be put in the child's file.**

A copy of the incident report will be available for the parent to take home.

After you have read and discussed the rules with your child, please sign and have the child write their name at the bottom of this form and return it on the first day of camp.

If you have any questions, please contact the park district office at 309-444-9414.



## Assumption and Acknowledgement of Risk

Although Washington Park District has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for my program, I acknowledge these programs have risks, including certain risks that cannot be eliminated without destroying the unique character of these programs.

These risks can cause loss or damage to my equipment, accidental injury, illness, or in extreme causes, permanent trauma, disability or death.

I understand that the Washington Park District does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the program's inherent risks. The following describes some, but not all, of those risks.

**Possible injuries and illnesses include abrasions, lacerations, strains, sprains, and fractures; insect bites or allergic reactions; sunburn, heat exhaustion, dehydration, and other mild or serious conditions.**

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate and I elect to participate in spite of and with full knowledge of inherent risks.

Medical or accident insurance does not cover participation in Washington Park District activities. Each participant must furnish his/her own personal coverage. Many sport activities and programs have inherent elements of danger. Parent permission is needed to call an ambulance in any emergency. As a parent/guardian of a participant under 18 years of age, I hereby agree to hold harmless and indemnify the Washington Park District, its trustees, employees and Board of Commissioners from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of an accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Minors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Ages 17 & under)



<b>Child Name</b>	<b>Childs Age</b>	<b>Birthdate</b>
	<b>Grade Entering in Fall</b>	<b>Nickname</b>
<b>Mothers Name</b>	<b>Home Phone</b>	<b>Child lives with</b>
<b>Home Address</b>	<b>Cell Phone</b>	
<b>Place of Employment</b>	<b>Work Phone</b>	<b>Mothers Birthdate</b>
<b>Fathers Name</b>	<b>Home Phone</b>	<b>Fathers Birthdate</b>
<b>Home Address</b>	<b>Cell Phone</b>	
<b>Place of Employment</b>	<b>Work Phone</b>	
Additional persons that your child may be released to and that we can call in case of emergency. We must have at least two names and numbers.		
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
<b>Custody Information: Please list any conditions for custody, if applicable</b>		
<b>Copy of legal papers on file? Yes No</b>		
<b>Medical Information</b>		
<b>Physician's Name</b>	<b>Phone</b>	
<b>Preferred Hospital</b>	<b>Other info</b>	
List any medications that your child takes: even if we will not be administering the medication to your child in case of emergency	List any medications/times in which your child will be taking at Camp Adventurers. Doctor's note required as well as original prescription bottle.	I give permission to the Washington Park District staff to administer the listed medications to my child.
		<b>Parent Signature:</b>
		<b>Date:</b>

**Photo Agreement:** I hereby consent to the use of my minor/ward photograph in the Washington Park District brochures, publications, Washington Park District Facebook.

\_\_\_\_ Yes, I agree that my child's photos may be used. \_\_\_\_ No, I do not want my child in any photos to be used for Washington Park District.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Participant Information

Does your child have any allergies? (please list) Any special diet?

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Please let us help your child by listing what your child likes to do, special needs, services, etc.

(Hearing impaired, pertinent medical info, post traumatic disorder, etc.)

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo & Video Policy

Photos and video are periodically taken of participants in a class, during a special event or at Washington Park District parks and facilities. Please be aware these photos and video footage are for the Washington Park District's use only and may be used in the District's marketing & advertising efforts including, but not limited to, any publications, articles and the website. All photos are the property of the Washington Park District. Please contact the Washington Park District at 309.444.9413 or [info@washingtonparkdistrict.com](mailto:info@washingtonparkdistrict.com) for more information.



## Medication Dispensing Information

**\*Only Required if Medication is Dispensed**

**This form must be completed when medication changes.**

### BACKGROUND INFORMATION

*(All information MUST be printed)*

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICATION INFORMATION

*(All information MUST be printed)*

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_



# Permission to Dispense Medication

## Waiver & Release of All Claims

The Washington Park District will not dispense medication to a minor child or other participant until the Permission to Dispense Medication and Medication Information Form has been fully completed by a parent or guardian. The Washington Park District's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM: \_\_\_\_\_ DATE: \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print your name) (Print Child's Name)

give permission to the staff of the Washington Park District to administer to my child:

(Medication): \_\_\_\_\_

(Medication): \_\_\_\_\_

(Medication): \_\_\_\_\_

I understand it is my daily responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

### 1. PARTICIPANTS NAME      2. NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Washington Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Washington Park District administering medication to my minor child, I do hereby fully release or discharge the Washington Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Washington Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with administering of medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Activity to Activity Transportation Request Form

**If not filled out the Camp Adventurers staff is not held accountable for child missing the activity.**

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Activity: \_\_\_\_\_ Activity code: \_\_\_\_\_

Pick up Location: \_\_\_\_\_ \*Only needed if not already at camp\* (Ex. Washington Park Pool)

Drop off Location: \_\_\_\_\_ (Ex. [Swim lessons](#), Basketball Camp, WCHS Torry Gym)

Name of Activity: \_\_\_\_\_

Time of Activity: \_\_\_\_\_ Age Group of Activity: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

## Parent/Guardian(s) Name (s) and Phone Numbers

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Father

\_\_\_\_\_  
Phone Number

## Emergency Contacts

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Number

## Washington Park District waiver and release

I understand and agree, by participating in programs, services, activities, facilities, and events provided by the Washington Park District that such activities have certain inherent risks that could result in serious life limiting and/or life threatening injuries.

I further agree to release Washington Park District, Its elected officials, employees, independent contractors, or volunteers from all claims resulting from any and all injuries sustained while participating in any programs, services, activities, facilities, and events, except that arising out of sole negligence of the Washington Park District, Its elected officials, Employees, independent contractors, or volunteers.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date