

Oak Brook Park District  
**Dolphin Station**



Oak Brook Park District  
Participant Forms

**Participant Name:**

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All forms in this booklet must be filled out and returned otherwise participation will be denied.



Oak Brook  
Park District

*A National Gold Medal Agency*



This form helps improve communication between staff and the families we serve, to help the staff make sure your child has a great school year.

## Participant Information

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

What activities does he/she like best? \_\_\_\_\_

Hobbies/special interests: \_\_\_\_\_

Is there an activity your child particularly wants to do at Dolphin Station? \_\_\_\_\_

Does your child have any serious fears? If so, please explain: \_\_\_\_\_

Are there any issues that may bother your child while at the program (homesickness, anxiety, allergies, etc...)? \_\_\_\_\_

List any specific allergies or special health conditions of your child: \_\_\_\_\_

## Behavioral Information

Does your child have any behavioral difficulties?  Yes  No

If yes, please explain \_\_\_\_\_

What is your child's usual personality/behavior? (If your child has a current behavior plan/program, please provide us with a copy of that plan): \_\_\_\_\_

List any rewards your child receives for appropriate behavior: \_\_\_\_\_

Please explain the discipline your child receives for inappropriate behavior: \_\_\_\_\_

## Inclusion Services

Does your child qualify to receive special education services through schools?  Yes  No

Does your child have any communication difficulties?  Yes  No

If yes to either, please complete the Inclusion Forms in the appendix of this packet.

## Other Information

Please provide any other information you feel may put us in a better position to understand your child and his/her needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



Child's Name: \_\_\_\_\_

## Parent/Legal Guardian Allowed to Pick-Up

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Home Phone: \_\_\_\_\_

Please check which phone number is the primary contact.

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Home Phone: \_\_\_\_\_

Please check which phone number is the primary contact.

## Additional individuals authorized to pick up my child. (Drivers License or State ID will be required)

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Home Phone: \_\_\_\_\_

Please check which phone number is the primary contact.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Home Phone: \_\_\_\_\_

Please check which phone number is the primary contact.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Home Phone: \_\_\_\_\_

Please check which phone number is the primary contact.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Home Phone: \_\_\_\_\_

Please check which phone number is the primary contact.

## Unauthorized Pick-Up (People who CANNOT pick up your child, documentation may be required)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**A late fee will be charged after 6:05pm if you are late to pick up your child, \$1.00 for every minute. If you pick up your child after 6:15pm in three instances, your child will be removed from the program.**

I, \_\_\_\_\_ authorize the people listed above to pick up my child and be contacted in the event of an emergency from the Oak Brook Park District Dolphin Station Program. In doing so, I relieve the Oak Brook Park District of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first.

Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Dolphin Station Waiver & Release Authorization Form

Read this form carefully. Be aware that in registering your minor child/ward for participation in the Dolphin Station program, you are waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of participation.

I recognize and acknowledge that there are certain risks of physical injury to participants in the Dolphin Station program and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward 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 activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

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## Photo Release (Parents Initial) \_\_\_\_\_

As a participant in a program or activity of the District (or as the parent or guardian of a participant), I hereby grant the District permission to use my or my child's image, video form, or voice in photographs, videotapes, website, or other materials prepared or released by the District from time to time, for promotional, safety or instructional purposes. I understand that such materials will be used and shown in whole or in part as the District sees fit. By this permission and release, I hereby release and discharge the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the District.

When registering by fax or online at the Oak Brook Park District, it is mutually understood that the facsimile or online signature and registration document (including the Waiver and Release of All Claims) shall substitute for and have the same legal effect as the original form signature.

## Physical Activities (Parents Initial) \_\_\_\_\_

I/We authorize my child to participate in the physical education programs sponsored by the District.

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## Child/Parent Handbook (Parents Initial) \_\_\_\_\_

I/We have read and understand and adhere to the policies and procedures set forth in the handbook.

If this form is not initialled and turned in to the Park District your child will NOT be allowed to participate.

I have read, understand and agree to the terms of the District Cancellation and Refund Policy. (Found in Parent Handbook)

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

The Oak Brook Park District does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all program activities.

Child's Name (print) \_\_\_\_\_

Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Permission to Dispense Medication Waiver and Release of All Claims

The Oak Brook Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Forms have been fully completed by a parent/guardian. The agency's internal procedures on dispensing medication are available for review.

Program Name \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give permission to Oak Brook Park District staff to administer to my child the medication (s) listed below. I understand it is my 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:

Participant's Name (print): \_\_\_\_\_

Name(s) of medicine and complete dosage instructions:

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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 Oak Brook 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 connections with the administering of medication to my minor child. In consideration of the Oak Brook Park District administering medication to my minor child, I do hereby fully release or discharge the Oak Brook 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 Oak Brook 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 the administering of medication.

Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
Date \_\_\_\_\_



# WAIVER & RELEASE OF ALL CLAIMS FOR USE OF INHALER OR AUTO-INJECTOR (EPI-PEN)

## Waiver and Release of all Claims and Indemnification

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 et seq., 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 in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Oak Brook Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, 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 possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

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 or arising out of the possession, self-administration, or use of medication against the (District/SRA), including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Oak Brook Park District.

I further agree to protect, indemnify, save defend and hold harmless the Oak Brook Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Oak Brook Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Oak Brook Park District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for an have the same legal effect as an original form signature.

Participant's Name (print): \_\_\_\_\_

Parent/Guardian's Name (print): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Participation will be denied if the signature of the parent/guardian and date are not on this waiver.



## Medication Information

**THIS FORM MUST BE COMPLETED FOR EACH PROGRAM SESSION OR WHEN MEDICATION CHANGES.**

Program Name: \_\_\_\_\_

Participant's Name (print) \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medication Information

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

Storage instructions and specific recommendations for administration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible side effects and instructions:

\_\_\_\_\_  
\_\_\_\_\_

Any severe adverse reactions that may occur to another child if they come in contact with/receive a dose of medication?

\_\_\_\_\_  
\_\_\_\_\_

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

Storage instructions and specific recommendations for administration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible side effects and instructions:

\_\_\_\_\_  
\_\_\_\_\_

Any severe adverse reactions that may occur to another child if they come in contact with/receive a dose of medication?

\_\_\_\_\_  
\_\_\_\_\_

### Other Information

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



## Program Discipline Policy

The goal of our program is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying healthy activities. As a family please read and discuss the following goals **TOGETHER**. Parents, please initial each one after discussing.

\_\_\_\_\_ Caring

It is important to treat equipment, toys and games with care so that other children can enjoy them. We will treat the property of the Oak Brook Park District and of the other children and staff with care.

\_\_\_\_\_ Appropriate Language

Children must refrain from using obscene language or gestures for any reason.

\_\_\_\_\_ Respect

When asked to do or not to do something, a child needs to follow the directions given the first time. This is for the safety of all children. Please speak to staff and other children with respect.

\_\_\_\_\_ Play

Children are asked not to engage in any horseplay with each other or with a counselor. No one will be allowed to hit, push, or use any type of aggressive behavior. We will use words to settle our differences. We keep our hands and feet to ourselves.

\_\_\_\_\_ Appropriate Conversation

Children are not allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff. We want to encourage each other to be our best.

\_\_\_\_\_ Responsibility

All children need to remain with their group and within eyesight of their counselor. This applies here at the Oak Brook Park District, and on all off-site field trips. We want children to be safe at all times.

If an incident occurs where a child conducts himself/herself in a manner that jeopardizes their safety, the safety of others, or is not in accordance with the program rules, the below steps will be taken. Any child causing severe harm to another child or staff member, or participating in extreme behavior, will be dismissed from the program immediately.

\_\_\_\_\_ **First Violation**

A staff member will address the issue directly with the child, document it, and discuss with the parent when they arrive that day. Parents must sign the behavior slip at pick-up.

\_\_\_\_\_ **Second Violation**

A staff member will address the issue directly with the child and document it. The child may be removed from an activity that day. Parents will be contacted during the day or at the end of the program depending on the time and severity of the incident. Parents must sign the behavior slip at pick up.

\_\_\_\_\_ **Third Violation**

A staff member will address the issue directly with the child and document it. The parent/guardian will receive a phone call and be asked to pick up their child within the hour. The child will be suspended from their next scheduled day of Dolphin Station. Parents must sign the behavior slip at pick up.

\_\_\_\_\_ **Fourth Violation**

A staff member will address the issue directly with the child and document it. Parents will be contacted immediately to pick up their child. The child will then be suspended from Dolphin Station for 2 weeks with NO refund. Parents must sign the behavior slip at pick up.

\_\_\_\_\_ **Fifth Violation**

Child will be dismissed from Dolphin Station for the remainder of the school year.

The above guidelines have been read and discussed.

Child's Name or Signature: \_\_\_\_\_

Parent's Name (print) \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
Date \_\_\_\_\_



Information you would like the Staff to know about your child.

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# Oak Brook Park District

1450 Forest Gate Road  
Oak Brook, IL 60523  
Phone: (630) 990-4233  
Fax: (630) 990-8379

[www.obparks.org](http://www.obparks.org)

# Appendix Forms



# Inclusion Information Form

Administration Office | 1450 Forest Gate Road | (630) 645-9590 | registration@obparks.org

The Oak Brook Park District requires that an Inclusion Information Form be completed in order for children requiring special accommodations to participate in recreational programs.

Please complete and return this form to:

1450 Forest Gate Road, Oak Brook, IL 60523. Call Kim Catirs at 630-645-9516 with questions.

## Participant Information

Parent Name: \_\_\_\_\_ Are you an Oak Brook Resident? \_\_\_\_\_

Child's Name: \_\_\_\_\_

Tell us about your child's strengths & interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Disabilities

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Uses adaptive equipment (Check any/all that apply) :

\_\_\_ N/A Ambulatory \_\_\_ Electric Wheelchair \_\_\_ Manual Wheelchair \_\_\_ AFO/Splints/Braces

\_\_\_ Cane/Crutches \_\_\_ Walker \_\_\_ Other: \_\_\_\_\_

Special Instructions on Orthopedic Equipment: \_\_\_\_\_

### Hard of Hearing/Deaf

Which ear? \_\_\_\_\_ Wears hearing aid in which ear? \_\_\_\_\_

Needs a sign language staff during programs? \_\_\_ Yes \_\_\_ No

Communication (Check any/all that apply) :

\_\_\_ Verbal and clearly understood \_\_\_ Verbal but not clearly understood \_\_\_ Non-Verbal

\_\_\_ Able to Read \_\_\_ Uses communication Board/Book \_\_\_ Able to Write

\_\_\_ Uses iPad to communicate \_\_\_ Uses homemade sign language \_\_\_ Uses sign language

\_\_\_ Other Communication devices/practices: \_\_\_\_\_

## Allergies

Allergy	Reaction	Treatment

### Dietary Restrictions

Please list any dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

## Medication/Medical

Please provide us with a list of the current medication being taken. This information is used in emergency situations. If medication is given at a program, an additional form needs to be completed. Any prescription or over the counter medication taken during an Oak Brook Park District program/trip must be in a park district medication envelope. Each envelope must be labeled with participant name, date, time to be take, and the number of pills. IF TAKING MORE THAN EIGHT MEDICATIONS, PLEASE ATTACH A SEPARATE SHEET WITH THE INFORMATION.

### Medication Name:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Permission for staff to administer medication during program/trips?  Yes  No

Doctor Restrictions: \_\_\_\_\_

### Seizure Information

Does the participant have seizures?  Yes  No

If yes, please provide a seizure plan.

**Please know that if there are any medical concerns including but not limited to Tonic-Clonic Seizure, 911 will be called.**

## Daily Living Skills

### Can Eat (Check any/all that apply) :

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Independently              | <input type="checkbox"/> Independently with reminders     | <input type="checkbox"/> Only with assistance          |
| <input type="checkbox"/> Cannot feed self           | <input type="checkbox"/> Unable to follow prescribed diet | <input type="checkbox"/> Unable to cut own food        |
| <input type="checkbox"/> Doesn't know food to avoid |   | <input type="checkbox"/> Does not chew food completely |
| <input type="checkbox"/> Other Information: _____   |   |  |

### Can Toilet (Check any/all that apply) :

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Independently                            | <input type="checkbox"/> Independently with reminders | <input type="checkbox"/> Only with assistance    |
| <input type="checkbox"/> Cannot manipulate clothing               | <input type="checkbox"/> Transfers on/off toilet      | <input type="checkbox"/> Unable to sit on toilet |
| <input type="checkbox"/> Unable to manipulate & use toilet tissue |   |  |
| <input type="checkbox"/> Other Information: _____                 |   |  |

### Behavioral (Check any/all that apply) :

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Easily distracted | If so, explain: _____ |
| <input type="checkbox"/> Manipulative      | If so, explain: _____ |
| <input type="checkbox"/> Self-abusive      | If so, explain: _____ |
| <input type="checkbox"/> Aggressive        | If so, explain: _____ |
| <input type="checkbox"/> Tantrums          | If so, explain: _____ |
| <input type="checkbox"/> Verbal Outbursts  | If so, explain: _____ |

## Daily Living Skills (continued)

### Directional (Check any/all that apply) :

- Complies with verbal requests and directions?
- Responds to specific verbal/non-verbal directions?
- Responds to positive reinforcement?

### Sensory (Check any/all that apply) :

- Does participant have sensitivity issues? If so, explain: \_\_\_\_\_
- Does participant seek sensory input? If so, explain: \_\_\_\_\_
- Does participant use visual supports? If so, explain: \_\_\_\_\_

What would be helpful information regarding your child's sensory needs?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Swimming Information (Check any/all that apply) :

- Participant knows how to swim     Participant uses flotation device
- Participant uses ear plugs         Other: \_\_\_\_\_

Would participant be able to take a swim test?     Yes     No

### Helpful Suggestions

Share any information that would help Oak Brook Park District staff to work successfully with your son/daughter regarding communication, fears, positive reinforcement suggestions, behavior management, and other helpful hints. Please attach a separate piece of paper if needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED**

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