



NAPERVILLE YARD ATHLETIC INFORMATION FORM

This form needs to be completed and turned in before a child may participate in any Naperville Yard Athletic Sports Camp Program. A separate form will need to be filled out if Naperville Yard will be required to administer any medications.

This form is valid for 1 year.

Today's Date: _____

Athlete's Name: _____
Last First

Athlete's Address: _____

City/State/Zip: _____

Athlete's Birthday (mm/dd/yyyy): _____ Athlete's Current Age: _____ Gender: _____

Spring Break Camp 2019 Grade in school: _____

Summer Break Camp 2019 Grade in fall: _____

Holiday Camp(s) 2019-2020 Grade in school: _____

Has your child ever participated in any other Naperville Yard programs? _____

PARENT/GUARDIAN CONTACT INFORMATION

1) Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian's Address: _____

City/State/Zip: _____

Parent/Guardian's Phone: _____ Authorized to Pick-Up (circle one) YES NO

Parent/Guardian's Email Address: _____

2) Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian's Address: _____

City/State/Zip: _____

Parent/Guardian's Phone: _____ Authorized to Pick-Up (circle one) YES NO

Parent/Guardian's Email Address: _____



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HEALTH INFORMATION

1) If applicable, please state any allergies the athlete has towards food. If the athlete is not allergic to any foods, please write NA.

2) If applicable, please state any allergies the athlete has towards medication. If the athlete is not allergic to any medication please write NA.

3) If applicable, please state any other known allergies. If the athlete has no other known allergies please write NA.

4) If applicable, please state any other medical information the Naperville Yard staff needs to be made aware of. Write NA if not applicable.

5) Does the athlete wear glasses, sports goggles, or contact lenses? _____

The health information is correct to the best of my knowledge and the child herein described has permission to engage in all sports and activities.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED PICK-UP / EMERGENCY CONTACT INFORMATION

Please let us know who is allowed to pick up your child from camp and whom we can contact in the event of an emergency. The Naperville Yard is not responsible for a child once he/she has been signed out of the Sports Camp or Fun Camp Program. In an emergency situation, Naperville Yard will always try to contact the parent(s)/guardian(s) first. In case the parent(s)/guardian(s) cannot be reached, we will contact the following authorized emergency contacts.

1) Contact Name: _____ Relationship to Child: _____

Contact Phone: _____ Authorized Pick Up: _____ Emergency Contact _____

2) Contact Name: _____ Relationship to Child: _____

Contact Phone: _____ Authorized Pick Up: _____ Emergency Contact _____

3) Contact Name: _____ Relationship to Child: _____

Contact Phone: _____ Authorized Pick Up: _____ Emergency Contact _____



NAPERVILLE YARD ATHLETIC INFORMATION FORM

ATHLETE'S NAME: _____ **TODAY'S DATE:** _____

PARTICIPATION AGREEMENT

Before care hours: 6:30 am – 8:45 am After care hours: 3:45 pm – 6:30 pm

Parents who need before/after care hours must fill out additional paperwork with Active Childcare and pay any additional fees. If an athlete is dropped off between 6:30 am – 8:45 am, for the safety of the athlete, he/she will be placed in before care and parents will be charged accordingly.

- 1) I agree that if my child is not picked up within 15 minutes of the program ending my child will be placed in childcare and I will pay a fee of \$15.
- 2) I understand that no refund shall be given to me unless I notify the Naperville Yard within one week of my athlete's program start date. If I notify the Naperville Yard after the program's start date, I understand that I will receive a full refund if I provide the Naperville Yard with a doctor's note. If I notify the Naperville Yard after the program's start date and I do not provide a doctor's note I will not receive a full refund.
- 3) For Sports Camps, I understand that my child **MUST** be signed, by a responsible adult (18 years old or older), in and out of camp for every day that my child participates in camp.
- 4) **FOR THE ATHLETE:** I am responsible for my actions. I will be respectful and practice good sportsmanship with all other athletes/campers, coaches, and staff members. I understand that bullying and fighting are not permitted at camp. Athletes who engage in such actions will not be permitted to return to camp the rest of the day/week. In extreme situations, athletes may be asked not to return for the remainder of the camp's program.

Athlete's Name (print or sign): _____

Parent/Guardian Signature: _____ **Date:** _____

WAIVER

In enrolling at Naperville Yard, participant and his/her parents or legal guardians understand that he/she is attending the programs, events, and or competitions at Naperville Yard and using Naperville Yard and the facilities and equipment at Naperville Yard (collectively, the premises) at his/her own risk. Naperville Yard Corporation and its owners, employees, agents, contractors, affiliates, subsidiaries, successors, and assigns (the "Naperville Yard Parties") shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant or his/her family participating in or related to any programs, events, or competitions on or around the Premises, including, without limitation, any personal injury or property loss resulting from the negligence of the Naperville Yard Parties. Participants and parents or legal guardians assume full responsibility for all injuries and damages which occur or are related to any programs, events, or competitions on or around the Premises. Participants and their parents or legal guardians do hereby fully and forever release, discharge, and hold harmless the Naperville Yard Parties and all associated facilities from and against any and all claims, demands, damages, or rights of action, present or future resulting directly or indirectly from any person's participation in any programs, events, or competitions or use of the Premises, including, without limitation, those resulting from the Naperville Yard Parties' negligence or the acts authorized by the consent below. In addition, he/she agree(s) to follow the rules of conduct and play set by Naperville Yard Corporation. Failure to do so may result in suspension from participation.

Consent: I, the undersigned parent or guardian/participant, do hereby grant authority to the staff at Naperville Yard to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Naperville Yard Corporation and it assigns to utilize any and all photographs, pictures, or other likenesses of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Printed Name of Parent/Guardian required: _____ **Today's Date:** _____

Signature of Parent/Guardian required: _____



NAPERVILLE YARD SPORTS CAMP CHECK LIST

Athlete(s) Name: _____

Date: _____

To be completed by Naperville Yard Staff

- **Registration Form & Payment**

- Paper Registration Form: _____
- Online Registration: _____
- Payment received: _____
 - Other: _____

Manager Initials: _____

- **Athletic Information Forms (3 pages)**

- Received: _____
- Filled out & signed: _____

Manager Initials: _____

- **CDC Heads Up to Concussion Flyer**

- Received by Parent/Guardian: _____

Manager Initials: _____

- **Before/After Childcare (if applicable)**

- After School Sports Fun Camp Packet Received: _____
- Copy of birth certificate received: _____
- Copy of latest physical with immunization records received: _____
- Payment received: _____

After School Sports Director Signature: _____