



# Villa Grove ILLINOIS

## SUMMER DAYZ PROGRAM

### 2022 SCHEDULE INFORMATION AND RULES FOR PARTICIPATION

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The City of Villa Grove's Summer Dayz Program for 2022 will start **Monday, June 13** and run **through Thursday, August 4**. The program, consisting of games and craft activities, will take place on **Monday and Thursday mornings** for EIGHT weeks at **Henson Park**, from **9:00 to 11:00 a.m.** each day (with Independence Day bumping July 4 to Tuesday 7/5). Children are eligible for the program if they were in Kindergarten through 6th Grade during the last school year.

We ask that children be dropped off no sooner than *8:45 a.m.* so that we can properly check in each participant. Please pick up your child no later than *11:15 a.m.* Although there is a pavilion in the park, excessive rain or inclement weather may require the cancellation of some dates (which will not be rescheduled). Please contact the City if you need to confirm a cancellation at (217) 832-4721, option 1, or watch the City's Facebook page for last minute announcements.

The enrollment and medical forms, plus \$25.00 registration fee (per child), can be turned in at the City's Administrative & Billing Office at 120 North Main Street during normal business hours or placed in the outside drop box at other times [we ask that you DO NOT use the box if it is raining or very damp outside]. The final deadline for sign-ups will be Monday, June 6; fees are \$30 per child after that date and absolutely no sign-ups will be accepted after June 30.

Children and Parents/Guardians should be aware of, carefully read and discuss the rules for the program on the **reverse side of this page**.

\*COVID-19 rules remain fluid as both CDC and IDPH guidelines are frequently changed; any drastic changes will be relayed by the program director if needed.

Questions can be submitted via email to [rec.program@villagrove.org](mailto:rec.program@villagrove.org). Let's all work together to have a creative and fun Summer Dayz Program!

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#### **RULES**

1. Participants will show respect to all of the youth recreation program personnel.
2. Participants will do tasks as instructed by the recreation program personnel.
3. Participants will treat each other politely, and respect their property including all supplies and equipment provided by the youth recreation program.
4. Participants will not use foul language, nor will "rough housing" be tolerated.
5. Participants will show good sportsmanship at all times.

#### ***Additional Rules due to the Coronavirus Pandemic\*:***

1. If a participant or worker is running a temperature, he/she will be sent home.
2. All participants may be required to wear a mask for the duration of the program.
3. Social distancing will be followed as much as possible, and groups will be split up to allow the program to continue if more than 50 people will be present.
4. Hand sanitizer will be provided for participants and workers. All work and play areas will be sanitized, as needed.
5. Exposure of any participant or worker to a COVID-positive person should be reported to the program immediately to enact any quarantine protocols necessary.

*\*COVID-19 rules remain fluid as both CDC and IDPH guidelines are frequently changed; any drastic changes will be relayed by the program director if needed.*

Participants may be asked to sit in a time-out area for breaking any of the rules. Gross misconduct or repeated offenses by any participant may be punishable by permanent removal from the program without issuing a refund.

Enrollment and medical/waiver forms can be downloaded from the City's website at [www.villagrove.org](http://www.villagrove.org). Credit Card payments can be done online as well by looking for the "Make a Payment >" button near the bottom of the home page.

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**SUMMER DAYZ PROGRAM  
2022 ENROLLMENT FORM**

Complete this form for **each individual child**; multiple children can be listed on a single Medical Information Form required; BOTH forms should be returned with payment.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Please circle the appropriate information below:

GRADE LEVEL COMPLETED DURING THE 2021-22 SCHOOL YEAR:    K    1    2    3    4    5    6

T-SHIRT SIZE:    Youth S    Youth M    Youth L    Adult S    Adult M    Adult L    Adult XL

I HAVE READ AND UNDERSTAND THAT MY CHILD IS EXPECTED TO FOLLOW THE RULES FOR THE SUMMER DAYZ PROGRAM, AS STATED ON THE SCHEDULE INFORMATION AND RULES FOR PARTICIPATION FORM ALSO PROVIDED. I WILL REITERATE TO MY CHILD THAT IF HE/SHE DOES NOT ABIDE BY THESE RULES, HE/SHE WILL BE THE ONE TO BE HELD ACCOUNTABLE FOR HIS/HER ACTIONS.

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

Date: \_\_\_\_\_

For Office Use Only

**\$25 \$30** PAID: CASH CK NO. \_\_\_\_\_ OTHER \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_ VIA \_\_\_\_\_ BY \_\_\_\_\_



**SUMMER DAYZ PROGRAM  
2022 MEDICAL INFORMATION AND WAIVER FORM**

*Children will not be allowed to begin participating in the program  
until this form is fully completed and returned to City Hall.*

Please complete the following information for each child:

Child's Name	Has child had a <b>Tetanus</b> Shot?		Does child have any allergies? Explain any reactions previously witnessed.	Has a doctor placed any restriction on the child's participation? Explain.
	No	Yes (give date)		

Who should be contacted in the event of an emergency?

- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime phone(s) \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime phone(s) \_\_\_\_\_

**IN CONSIDERATION** for the right to participate in the City of Villa Grove's Summer Dayz activities, I hereby agree to the following: I understand any recreation activity, including the one for which I am registering my child(ren), involves certain risks to their personal safety and property or the safety and property of others. I agree to assume any and all risks associated with their participation in this activity, including unknown exposure to viruses such as COVID-19. I further understand that participation in recreation activities requires certain skills and capabilities. I agree it is solely my responsibility to ensure that my child(ren)'s health is adequate, and their capabilities are sufficient to participate in these activities. I hereby waive any claim I might have against the City of Villa Grove and its officers, employees, agents, servants, insurers, and all representatives and sponsors arising out of their participation in this activity. Furthermore, I hereby agree to release and hold harmless the City of Villa Grove and all other sponsors from any claim brought by a third party due to my child(ren)'s participation in these activities. I give permission for my child(ren) to attend field trips by bus and/or walking. I understand they may be photographed and give permission for such to publicize activities for the Summer Dayz Program. In the event of an emergency, I give consent for my child(ren) to be taken to and treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth above. In such event, I shall be solely responsible for all medical expenses associated with medical care.

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

Date: \_\_\_\_\_