

Vertical Extreme

Dear Parents,

Thank you for your interest in Vertical Extreme 2026! We are excited about another incredible summer ahead.

Enclosed you will find the enrollment packet for this year's camp. To secure your child's spot, please complete all forms, sign where indicated, and return them along with all applicable fees as soon as possible.

Our summer calendar will be available online and in the Academy Office once all field trips have been finalized. Monthly lunch menus will also be posted on our website at: www.CASpringfield.org/VerticalExtreme

Vertical Extreme utilizes Brightwheel for student check-in and check-out. This secure system allows us to track arrivals and departures in real time, including authorized pick-up individuals. We also use Brightwheel to communicate important updates and schedule changes, ensuring you receive information quickly and efficiently.

Once your VE registration is complete, you will receive an invitation via email or text to create a free Brightwheel account. Please:

- Create your parent account using the same email address or cell phone number that received the invitation.
- Confirm your child's profile information (birthday, allergies, emergency contacts, etc.).
- Set your account preferences.

Please note: **Vertical Extreme payments are not accepted through Brightwheel.** Brightwheel payments are for Calvary Day Care only.

If you have any questions, please contact the Calvary Academy Office at 217-546-5987. We are happy to assist you.

We look forward to a fun, safe, and memorable summer at Vertical Extreme!

Mrs. Becky England
Vertical Extreme Director



2026 Vertical Extreme Dates

Beginning Date - Monday, June 1, 2026

Ending Date - Friday, August 14, 2026

Closed on Friday, July 3, 2026

Vertical Extreme

Calvary Academy
1730 West Jefferson St.
Springfield, IL 62702
217.546.5987

2026 VERTICAL EXTREME CHECKLIST

- Completed Vertical Extreme Contract.
- Completed Vertical Extreme Weekly Sign Up/Info Sheet. A copy will be returned to you. **Registration will not be granted unless this form is filled out completely.**
- Ergadoozy Waiver (must be completed yearly)
- Completed Free & Reduced Lunch Application for those who qualify.
- Non-Refundable Activity Fee (Must be paid before starting camp)
 \$190 on or before May 15, 2026
 \$225 after May 15, 2026
- First week fee of \$190 **(This is required even if another agency pays for the camper.)**

If you have any questions, contact Vertical Extreme at 546-5987.

Please return all forms to:
Vertical Extreme
1730 W. Jefferson St.
Springfield, IL 62702

Vertical Extreme Weekly Sign Up/Info Sheet 2026

Student Name: _____

Student Address, City, Zip: _____

Student Birthday: _____ Gender: ___ Female ___ Male

Grade Entering (VE is for students entering 1st grade - 6th grade): _____

School Student Attends: _____

Please list the name of a teacher/administration/staff of the school your student currently attends for personal reference,

>>**MUST INCLUDE EMAIL:** _____

Is your child currently in good-standing at his/her school? ___ Yes ___ No

Has your child ever been suspended, expelled, or asked to withdraw from his/her school? ___ Yes ___ No

Has your child ever been diagnosed with Autism, ADD, ADHD, a learning disability, psychiatric disorder, or any other condition that our staff should be aware of? ___ Yes ___ No

If yes, please give detail:

Does your student currently receive or been recommended to receive special services, IEP, or 504 plan, or have an educational or behavioral diagnosis? ___ Yes ___ No

If yes, please give detail:

A personal recommendation and behavior reference from a teacher/administration/staff of the school your student currently attends is required for all Vertical Extreme students.

COMMUNICATION

VE primarily uses email for communication and to deliver weekly statements. Please list the email you use most frequently:

Mother/Guardian _____ cell # _____ work # _____

Mother/Guardian Email: _____

Father/Guardian _____ cell # _____ work # _____

Father/Guardian Email: _____

Emergency contact allowed to pick up your child and/or if either parents cannot be reached.

Name: _____ Relationship _____ cell # _____

Name: _____ Relationship _____ cell # _____

_____ Consent for treatment in case of emergency by VE staff and/or emergency personnel.

Student's Physician and Phone # _____

Permission to administer aspirin-free acetaminophen.

_____ I give the VE staff permission to administer aspirin-free acetaminophen to my child.

_____ I do not give the VE staff permission to administer aspirin-free acetaminophen to my child.

Amount to be given: Children's chewable _____ Adult regular strength _____

Prescription medication will only be administered if in a prescription bottle with the pharmacy label attached and name specified.

Please specify and foods, medications, or other allergens (such as bee stings) that cause allergic reactions in your child:

Vertical Extreme Weekly Sign Up/Info Sheet 2025

Student Name: _____

Mark an "X" for weeks attending VE	Week	Cost per child per week	Comments
	June 1 - June 5	\$190	
	June 8 - June 12	\$190	Illinois Student Ministries Breakway Kids Camp
	June 15 - June 19	\$190	
	June 22 - June 26	\$190	
	June 29 - July 2	\$190	VE closed - July 3
	July 6 - July 10	\$190	Calvary Church VBS
	July 13 - July 17	\$190	
	July 20 - July 24	\$190	
	July 27 - July 31	\$190	
	August 3 - August 7	\$190	
	August 10 - August 14	\$190	
	TOTAL CHARGES	\$	

Attendance & Payment Agreement

My child will attend Vertical Extreme during the weeks listed above. I understand that signing this agreement secures my child's spot for the designated weeks, and I am financially responsible for payment of those weeks. No credits or refunds will be issued for absences.

Any request to remove a scheduled week must be submitted in writing via email to VerticalExtreme@CASpringfield.org at least one week in advance.

I understand that payment may be made either in full or on a weekly basis, with each week's payment due one week in advance.

Behavior Expectations

Campers are expected to demonstrate respectful behavior and follow all rules at all times. Vertical Extreme upholds the values and standards of Calvary Academy throughout the summer program.

To be eligible for registration, campers must be in good standing at their current school. Verification may be requested from a teacher or school administrator.

Parents and students are encouraged to review the Vertical Extreme Handbook, including the Camper Conduct and Consequences section, prior to completing registration. Participation in the summer program is a privilege. Inappropriate behavior may result in disciplinary action, up to and including dismissal from the program.

Vertical Extreme reserves the right to cancel a student's registration at any time due to unsatisfactory conduct or for other just cause.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

2026 VERTICAL EXTREME

PARENTS' CONTRACT

I/We consent to the following agreements concerning the care of my child(ren).

- I/We authorize VE to take my child(ren) on walking trips, special excursions, and to nearby public park facilities. I /We also authorize the child to ride as a passenger in the vehicle owned or leased by VE as long as there is adequate supervision and safety precautions taken.
- **I/We will pay one week of care at the time of admission. After that, I/We will pay the prescribed weekly rate as described above on this contract, every Monday, one week in advance. I/We understand I/We may be charged \$10 interest if the amount is not paid in full by the last day of each week.**
- I/We understand that I/We are obligated to pay for the weeks for which I/We have registered my children, even if they do not attend. Signing this form secures their spot for the designated weeks, and VE will not issue a credit if the child does not attend.
- I/We will be willing to consult with the Director of VE about the child's growth, development, behavior, etc., at a time to be arranged.
- If I/We wish to withdraw my child, I/We will notify VE two weeks in advance. I/We will be cooperative with VE in plans and will bring any grievances to the VE Director immediately.
- I/We understand and agree that the student(s) may be discharged from VE if the directors and the Calvary Academy Administration agree that the dismissal of the student(s) is necessary in the best interest of VE, the student(s) or other members of the camp. This will not relieve the parents from the obligation to pay VE for services rendered.
- I/We understand Bible classes will be conducted during VE, and my child(ren) will be required to attend Calvary's Vacation Bible School.
- I/We understand that my activity fee is non-refundable under any circumstances. **I/We also understand that I/We am required to pay for all registered weeks, even if my child does not attend.**
- I/We understand firearms are prohibited on the premises.

Statement of charges

Activity Fee on or before May 15, 2026	Activity Fee after May 15, 2026	Weekly Charge
\$190	\$215	\$190

I/We understand the above charges and agree to make all payments on time. **I/We understand that if an agency that is supposed to pay on my account does not do so, I/we am fully responsible for the amount still owed. I agree to pay any amount that has not been paid in full by agencies dedicated to supporting parents with child care (These organizations can be but are not limited to: DCFS, Community Child Care Connection, Lutheran Family Services, State of Illinois agencies, etc).** In the event a responsible party fails to make payments or perform the covenants herein received of the responsible party, the responsible party agrees to pay in addition to all costs of collection, including reasonable attorney fees and court costs incurred by the camp as a result thereof.

Please initial each:

- I have read the VE Handbook (found online at www.CASpringfield.org/VerticalExtreme) and agree to abide by the VE Camp policies. Failure to abide by the policies could result in immediate termination of care for my child.
- I have read, understand, and agree with the VE Parent Contract (linked above).
- I have reviewed the Camper Conduct & Consequences found in the VE handbook with my child.
- Will you be receiving assistance from Community Child Care Connection? Yes No
- I understand VE services will be discontinued if payment is not made within fourteen days of the due date.
- We understand that Vertical Extreme reserves the right to cancel the registration of any student at any time for reasons of deficiency in unsatisfactory conduct or any other just cause.

Photo Release Form

I authorize Vertical Extreme and any representative of VE to publish photos of the minor child listed in this agreement for use on the VE website and any other promotional or advertising material created for VE. I acknowledge that participation on the website and in other promotional or advertising materials produced by VE confers no rights of ownership whatsoever and am aware I am not entitled to any compensation. Since anyone can download an image from the Internet or make copies from printed materials, I agree that VE is not responsible for unauthorized use of the images. I release VE and its representatives and its employees from liability for any claims by me or any third party in connection with the minor child.

I release VE from any expectation of confidentiality of my minor child and attest that I am the parent or legal guardian of the child listed above.

I do not authorize VE to publish photos of my minor child.

These things I/we have agreed upon and will abide by them.

Child's Name: _____

Mother/Guardian Signature: _____

Father/Guardian Signature: _____

Date: _____

Vertical Extreme is not licensed or regulated by DCFS.

Community Child Care Connection Accounts Only

If you be receiving assistance from Community Child Care Connection, a copy of your current benefits must be returned with this contract. A change of provider form must be completed prior to starting date, or you will be responsible for the full weekly rate. As a Community Child Care Connection client, I am responsible for paying my co-pay amount at the beginning of each month or week. I also understand and agree to pay any charges not covered by Community Child Care Connection (i.e. holidays not covered and charges above the amount approved by Community Child Care Connection.) I understand VE services will be discontinued if payment is not made within fourteen days of the due date.

Dear Parent/Guardian:

Children need healthy meals to learn. _____ offers healthy meals every school day. Breakfast costs \$ _____; lunch costs \$ _____. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$ _____ for breakfast and \$ _____ for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is incomplete, so be sure to fill out all required information.

Return the completed application to: _____

Your child(ren) may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines

Effective from July 1, 2025 to June 30, 2026

Reduced Price Meals 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	10,175	848	424	392	196

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced-price meals. *Use one Household Eligibility Application* for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), households receiving Temporary Assistance for Needy Families (TANF) and/or individual foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your child will get free meals, please contact your school to see if your child(ren) qualifies.
- WHO CAN GET REDUCED-PRICE MEALS?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines chart, shown above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS?** No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you saying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school has already told you that your child is eligible for the new school year.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out the enclosed application and return the completed application to the school.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced-price meals if the household income drops below the income limit.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You may also ask for a hearing by calling or writing the person listed above.
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.
- WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
- WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. If this is the case, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP, TANF, or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT**IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:**

Part 1: List all household members, school and grade level of each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members; provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Adult household member must sign the form. If you completed Part 3 of the application, you must include the last four digits of the adult's Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the name of each child's school. Check the "Foster Child" box for each foster child.

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security number are not necessary.

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

If some (but not all) of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of each child's school. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 – Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list any payment received for Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This if for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members; provide the school and grade level of each student in the household. (Attach another sheet of paper if necessary.)

Part 2: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 – Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list any payment received for Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This if for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: If you choose to, provide contact information and children's ethnic and racial identities. (Information in these two sections is optional).

Privacy Act Statement: **This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

In accordance with the federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1) mail: U.S. Department of Agriculture, Office of the Assistance Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410; or 2) fax: (833) 256-1665 or (202) 690-7442; or 3) email: program.intake@usda.gov.

ERGADOOZY WAIVER OF LIABILITY

A COMPLETED WAIVER IS REQUIRED TO PARTICIPATE AT ERGADOOZY.
SORRY, NO EXCEPTIONS.

PLEASE PRINT

Date: _____

AGE	PARTICIPANT NAMES	AGE	PARTICIPANT NAMES
(____)	_____	(____)	_____
(____)	_____	(____)	_____
(____)	_____	(____)	_____
(____)	_____	(____)	_____

Rules of the Ergadoozy

- All guests under 18 years of age must be accompanied by a parent or guardian at least 18 years of age
- Each participant must remove shoes and wear socks
- Obey Ergadoozy Staff at all times
- No outside food, drinks or coolers
- No food or drinks on jungle climber or in gated play space
- On all slides, kids must slide feet first and, on their bottoms, ----- **SLIDES CAN BE EXTREMELY FAST!**
- Ergadoozy reserves the right to ask any guests who do not follow the rules to leave
- No running, pushing, shoving, wrestling, or rough play
- No climbing or hanging on gating, fencing, or netting

If there are any problems, notify an Ergadoozy Staff member immediately

In consideration of being allowed to enter into the play center and/or participate in any parties or programs at Ergadoozy, the undersigned, on his or her own behalf and on behalf of the minor identified below, acknowledges, appreciates and agrees that:

1. Play Centers and Jungle Climbers can be hazardous and dangerous. Activities require strenuous exercise and various degrees of skill and expertise. I understand that these activities can result in serious injury to the person or child. I assume any and all risk and damage or injury while on Ergadoozy's premises.
2. I am aware of the risk, hazards and danger of personal injury, disability and/or death as a result of participation at Ergadoozy, including those that may arise out of the negligence of other participants. Also, if I discover any hazard during our participation, I will bring it to the attention of the nearest Ergadoozy employee immediately.
3. I have received and read a copy of the operational rules and understand that it is my responsibility to ask questions about the operational rules and regulations if necessary. I understand that it is my responsibility to ensure that I/my children understand the rules. Although there are staff members to monitor children/adults playing, it is my responsibility to monitor my children and my own activities. I will bring any observation of the rules being broken to the attention of an Ergadoozy staff member. I certify that I and/or my child are in good health and that I and/or my child have no physical limitations which would preclude safe participation at Ergadoozy.
4. I hereby release, waive and forever discharge and covenant not to sue **Ergadoo Inc.** d/b/a Ergadoozy and its owners, agents, employees, officers, directors, trustees and all other persons or entities acting on its behalf, from any and all claims, actions, damages, liability, cost or expense including attorney's fees which are related to or arise out of or in any way connected use of the facility. Further, **Ergadoo Inc** d/b/a Ergadoozy is not responsible for any lost or stolen items.
5. By the execution of this agreement, it is my intention to assume all risk of injury and do hereby surrender and waive any rights to sue or exercise any legal right to seek damages against **Ergadoo Inc** d/b/a Ergadoozy, its owners, agents, employees, officers, directors and/or all other persons or entities acting on its behalf.
6. I acknowledge that my or my child's participation in activities at Ergadoozy is strictly voluntary. I hereby certify that I'm over 18 years of age. Prior to signing this agreement, I have had an opportunity to ask any and all questions. I am aware that by signing this agreement, I assume all risks and waive and release all substantial rights that I may have and possess.

I have carefully read the foregoing covenant not to sue and acknowledge that I understand and agree to all of the above terms and conditions.

Parent/Guardian Signature: _____

Printed Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____

HIGH ROPES COURSE WAIVER & RELEASE

IMPORTANT INFORMATION

The Decatur Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Decatur Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the 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.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

A High Ropes Course is a series of challenging activities intended to engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including spinal cord injury, head/brain injury, and bone and joint injury. Understandably, not all hazards and dangers associated with the High Ropes Course can be foreseen. Certain risks include acts of God, inclement weather, slip and falls, insect bites, inadequate or defective equipment, inadequate supervision or instruction, and premises defects. In this regard, it must be recognized that it is impossible for the Decatur Park District 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 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 with and associated with this program/activity (including transportation services and vehicle operations, 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 the Decatur Park District, including its officials, agents, volunteers and employees.

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

PLEASE PRINT

Participant's Name

Date _____

Participant's Signature _____
(18 years or older or Parent/Guardian)