



Vertical Extreme

Dear Parents,

We are pleased you have indicated an interest in Vertical Extreme.

Enclosed is the enrollment packet for 2025 Vertical Extreme. Please complete all forms, sign, and return all fees as soon as possible to ensure a spot in the camp.

Summer calendars will be available online and in the Academy Office once all field trips are confirmed. Monthly lunch menus will also be posted on our website: www.CASpringfield.org/VerticalExtreme.

Vertical Extreme uses Brightwheel for student check-in and out. This system allows us to track in real-time who has arrived and left as well as who picked up the student. We also use this program to communicate scheduling changes so you will have information as quickly as possible.

- After VE registration is complete, you will receive an invitation via email or text to create a free Brightwheel account.
- Create parent account using the same email address or cell phone number you received your invitation.
- Confirm your child's profile including birthday, allergies, and additional contacts.
- Set your account preferences.

If you have any additional questions, please contact the Calvary Academy Office at 217-546-5987 for assistance.

We look forward to a great summer!

Mrs. Becky England
Vertical Extreme Director



2025 Vertical Extreme Dates

Beginning Date - Monday, June 2, 2025

Ending Date - Friday, August 8, 2025

Closed on Friday, July 4, 2025

Vertical Extreme

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

2025 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 12, 2025
 \$225 after May 12, 2025
- 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

2025 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 12, 2025	Activity Fee after May 12, 2025	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.

Vertical Extreme Weekly Sign Up/Info Sheet 2025

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/Guardain 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 2 - June 6	\$190	
	June 9 - June 13	\$190	Illinois Student Ministries Breakway Kids Camp
	June 16 - June 20	\$190	
	June 23 - June 27	\$190	
	June 30 - July 3	\$190	VE closed - July 4
	July 7 - July 11	\$190	Calvary Church VBS
	July 14 - July 18	\$190	
	July 21 - July 25	\$190	
	July 28 - August 1	\$190	
	August 4 - August 8	\$190	
	TOTAL CHARGES	\$	

My child will attend VE on the weeks listed above. **I understand signing this form secures their spot for the designated week and I am obligated to pay for these weeks and VE will not issue a credit if my child does not attend.**

Removing dates requires a minimum of one week in advance written notice via email to VerticalExtreme@CASpringfield.org.

I understand that I can either pay in one lump or one week in advance each week.

Behavior:

Students are expected to have good behavior and follow rules at all times. Calvary Academy will maintain the values of our school during the summer program. Vertical Extreme campers must be in good standing at their current school (verified via personal reference from a teacher or administrator of his/her school) to register for our summer program. Please review the Vertical Extreme handbook online, including Camper Conduct and Consequences, before completing the online registration. Attendance at our summer program is a privilege, and inappropriate behavior may jeopardize that privilege.

We understand that Vertical Extreme reserves the right to cancel the registration of any student at any time for reason of deficiency in unsatisfactory conduct or for any other just cause.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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)