



**Adjudication
Office**

2023 Youth Martial Arts Camp Application

July 12, 2023

Name (First, Middle, Last) _____

Address _____ City _____ ZIP _____

Home Phone (_____) _____ Alternate Phone (_____) _____

E-mail Address _____

Date of Birth _____ Age _____ Male / Female / Non-binary

School (as of Fall 2023) _____ Grade _____

Parent/Guardian's Name _____

Home Phone (_____) _____ Alternate Phone (_____) _____

Parent/Guardian's Name _____

Home Phone (_____) _____ Alternate Phone (_____) _____

Is the child allowed to walk to and from camp? Yes / No

Name & contact information of those other than parent(s) allowed to pick up child from camp:

Emergency Contact (If parent/guardian is unavailable)

Name _____ Relationship _____

Address _____ City _____ ZIP _____

Home Phone (_____) _____ Alternate Phone (_____) _____

Participation Agreement

I agree to my child's participation in the Adjudication Office's 2023 Youth Martial Arts Camp.

Parent/Guardian Signature

Date

Printed Name

T-SHIRT SIZE (circle one): S M L XL XXL

Please note, adult sizes only, no youth sizes available



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2023 Youth Martial Arts Camp
Participant Medical History

Name _____

ALLERGIES YES NO

If yes, please list allergies: _____

MEDICAL PROBLEMS YES NO

If yes, please list medical problems or conditions: _____

DAILY MEDICATION YES NO

If yes, please list all medications: _____

Please list any physical or behavior conditions that may affect or limit full participation in playing strenuous physical games:

Parent/Guardian Signature

Date

Printed Name



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2023 Youth Martial Arts Camp

Participant Consent, Assumption of Risk and Liability Waiver

I am over eighteen (18) years of age and I am the parent or guardian of the minor child set forth below (“Child”) who will participate in the Adjudication Office’s “2023 Youth Martial Arts Camp” (“Camp”). I have the legal authority to execute this “Participant Consent, Assumption of Risk, and Liability Waiver” and on behalf of myself and my Child.

By signing below, I agree on behalf of myself and my Child, and my Child’s heirs, assigns, executors and administrators, to release and hold harmless the Village of Oak Park and its officers, employees, volunteers, agents, and assigns, from all claims or lawsuits for personal injuries, including death, property damages, losses, suits, costs (including reasonable attorneys’ fees), damages, expenses, judgments, liabilities, or liens, arising directly or indirectly from my Child’s participation in the Camp unless caused by the result of a willful or wanton act by the Village of Oak Park or its officers, employees, volunteers, agents and assigns.

I understand that my child will participate in physical activities, which may include physical contact with others, riding in vehicles operated by the Adjudication Office and participating in other activities at the Camp.

I affirmatively state that my Child is free from any known heart or other health problems that might prevent my Child from participating in any of the activities associated with the Camp and that my Child is sufficiently physically fit to participate in Camp activities.

I understand that no type of insurance or health coverage will be provided to my Child as part of my Child’s participation in the Camp. I certify that I have medical insurance in amounts sufficient to cover the cost of any emergency or other medical care for my Child as a result from my Child’s participation in the Camp. I affirmatively state that if I do not have medical insurance, I shall be personally responsible for the cost of any emergency or other medical care provided to my Child as a result of my Child’s participation in the Camp.

My Child shall comply with all Village guidelines, rules, orders, directions, instructions and regulations regarding participation in the Camp and I waive any and all claims and causes of action on my behalf or on behalf of my Child resulting from my, or my Child’s failure to follow said rules, orders, directions, instructions, and regulations. My Child’s participation in the Camp is strictly voluntary and I am allowing my Child to participate at my Child’s own risk.

I have carefully read and understand and agree to this Consent, Assumption of Risk and Liability Waiver.

I understand transportation of my child to and from camp is my responsibility _____(Initials)

_____ (names of others permitted)

is also permitted to transport my child _____ (your initials)

I have read and fully understand and agree to the above stated conditions of participation in the Adjudication Office’s 2023 Youth Martial Arts Camp.

Print Name of Participant

Participant’s Date of Birth

Signature of Parent or Legal Guardian

Print Name of Parent or Guardian

Address/Emergency Telephone Number



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Image Release Form

I hereby grant the Village of Oak Park (“Village”) full permission to use my and/or my child’s photo likeness in a photograph, video or other digital media in any and all of the Village’s publications, including web-based publications, without payment or other consideration.

I understand and agree that all such images shall become the property of the Village and will not be returned.

I hereby irrevocably authorize the Village to edit, alter, copy, exhibit, publish or distribute these images for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my or my child’s likeness appears. Additionally, I waive any right to privacy, royalties or other compensation arising or related to the use of the images.

I hereby hold harmless, release, and forever discharge the Village from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my and/or my child’s behalf or on behalf of my and/or my child’s estate have or may have by reason of this authorization and Release.

I have read and understand this Release. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian as set forth below.

Signature of Parent or Legal Guardian

Date: _____

Print Name of Parent or Legal Guardian

Print Name of Participant

Participant’s Date of Birth