



Outdoor Recreation & Education

STUDENT REGISTRATION PACKET

RESIDENTIAL PROGRAM • 2017–18

ATWOOD CENTER

*Outdoor Recreation * Birds of Prey * Environmental Education * Camp
since 1957*

2685 NEW MILFORD SCHOOL RD • ROCKFORD, IL 61109

Office 815-966-8747 | Fax 815-874-2467 | Emergency After-Hours 815-289-1290

rockfordparkdistrict.org/atwood

Atwood Center is a facility of the



ROCKFORD PARK DISTRICT

updated 8/18/2017

Parent/Teacher Checklist



Please use this checklist to ensure student forms are complete. Any missing information could delay the student's full participation in the program.

PARENT TEACHER

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Student Registration Form – please complete |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiver & Release – please sign |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication Administration Permission Form – please initial the first gray box, second gray box (if necessary) and sign at the bottom |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication Administration Log – please complete all information |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication(s) collected |
| <input type="checkbox"/> | <input type="checkbox"/> | Nature Store money collected |

Student Registration Form



PARTICIPANT INFORMATION

School Name		Grade	
Last Name	First Name		
Address	City	State	Zip
Home Phone ()	Birthdate / /	Age	Sex
Parent/Guardian Name	Work Phone ()	Cell Phone ()	

The Rockford Park District is committed to providing services in an equitable manner. The following question is optional, but helps us measure how we are doing. RACE/ETHNICITY (select all that apply): American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race)

HEALTH INFORMATION

- 1. Will participant need to take medication, including using an inhaler, during program hours?** Yes No
(If yes, complete a Medication Administration Permission Form and Log, and place separate doses in medication envelopes provided by your teacher)
- 2. Does participant have a disability or medical condition that may require assistance or accommodation?** Yes No
(i.e. diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay)
- 3. Had a significant life event that continues to affect his/her life?** Yes No
(death of a loved one, family change, adoption, foster care, history of abuse, new sibling, survived a disaster, etc.)
- 4. Had a recent infectious disease or injury?** Yes No
- 5. Have problems with bed-wetting?** Yes No
- 6. Have a history of sleepwalking?** Yes No

Please explain any "Yes" answers in the space below, referring to the question number.

Student Registration Form (CONTINUED)



MEDICATION

Only medication provided by parent/guardian will be administered to the student. If the student takes an over-the-counter medication as part of a regular regime, please remember to send it and fill out a **Medication Administration Permission Form** and **Log**, and place separate does in medication envelopes provided by your teacher.

EMERGENCY INFORMATION

CONTACT NAME	RELATIONSHIP	PHONE #1	PHONE #2
CONTACT NAME	RELATIONSHIP	PHONE #1	PHONE #2
CONTACT NAME	RELATIONSHIP	PHONE #1	PHONE #2

The Rockford Park District is committed to providing services in an equitable manner. The following question is optional, but helps us measure how we are doing. RACE/ETHNICITY (select all that apply): American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race)

WHAT ELSE SHOULD WE KNOW TO PROVIDE THE BEST POSSIBLE EXPERIENCE?

Please provide in the space below any additional information about the participant and his/her health that you think important, or which may affect his/her ability to fully participate in the Environmental Recreation & Education program.

WHAT QUESTIONS DO YOU OR YOUR STUDENT HAVE ABOUT THIS PROGRAM?

Waiver & Release (PLEASE READ CAREFULLY)



IMPORTANT INFORMATION

The Rockford 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 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 must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are 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 has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Rockford Park District to guarantee absolute safety.

IF participating in ARCHERY –

The very nature of archery is hazardous and risky. Inherent risks include, but are not limited to, getting hit by an arrow, self-inflicted wounds, improper shooting

technique, carelessness of other archers, lack of proper protection, poor range conditions, poorly selected and maintained equipment, lack of conditioning, horseplay, carelessness, poor pulling technique, splintering of the arrow, inadequate supervision or instruction, premises defects, and other risks inherent to archery.

IF participating in CROSS COUNTRY SKIING or SNOW SHOEING –

The very nature of skiing and snowshoeing is hazardous and risky. Inherent risks include, but are not limited to, inexperience, losing control, snow blindness, overexertion, horseplay, carelessness, falling, collisions with other skiers and with stationary objects, lack of skill or technique, attempting a skill beyond one's abilities, poor or defective equipment, inclement weather, icy conditions, failure in supervision or instruction, dangerous surface conditions and all other risks inherent to skiing, snow shoeing and outdoor winter activities.

IF participating in RIVER STUDY –

The very nature of river study is hazardous and risky. Inherent risks include, but are not limited to, inexperience, sprains and strains, slipping on rocks, logs, or trees, striking your head on submerged rocks; hypothermia; dangerous water and weather conditions such as rapids, deep or cold water; surface and subsurface rocks and obstacles; hydraulics, strainers, and ledges; heatstroke; dehydration, frostbite or sunburn; insect/animal bites; poisonous plants; inadequate supervision or instruction; recklessness, carelessness, or horseplay; poorly maintained equipment; improperly worn equipment; and all other risks inherent to river study.

IF participating in TEAMS COURSE –

The very nature of a teams' course is hazardous and risky. Inherent risks include, but are not limited to, slip and falls; inexperience, sprains and strains; heatstroke; dehydration, frostbite or sunburn; insect/animal bites; poisonous plants; inadequate supervision or instruction; recklessness,

carelessness, or horseplay; poorly maintained equipment; improperly worn equipment; spinal cord, head/brain and joint injury; premise defects; and all other risks inherent to teams course participation.

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 my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Rockford Park District, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. 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.

Participant's Name (PLEASE PRINT)

City

State

Zip

Group/Organization Name

Parent/Guardian Signature

Date

PARTICIPATION WILL BE DENIED

if the waiver and release is in any way altered and/or if the signature of adult participant or parent/guardian and date are not on this waiver



ROCKFORD PARK DISTRICT


updated 8/18/2017

A Note on Medications



All medications – including over-the-counter products and dietary supplements – should be handed into your child’s teacher. Individual doses should be placed in the medication envelopes provided.

The Rockford Park District encourages parents/guardians to use the medication envelopes for organizing medication. Only one envelope is needed for each medication distribution. For example, if your child takes two medications at breakfast, they should both go in the same envelope. A sample medication envelope is completed below:

ENV # <u>1</u>	MEDICATION ENVELOPE PLEASE PRINT		ROCKFORD PARK DISTRICT
PARTICIPANT NAME	<u>John Doe</u>		
MEDICATION(S)/DOSAGE(S)	<u>Zyrtec + Advil</u>		
DATE/TIME TO TAKE	<u>3/7/17 @ 8:00am</u>		
NUMBER OF PILLS	<u>2</u>		
PARENT INITIALS	<u>JD</u>		

Scheduled medication distribution times occur after meals and before bedtime. These times are approximately:

BREAKFAST	8:00 am– 8:30 pm
LUNCH	12:30 pm–1:00 pm
DINNER	5:30 pm–6:00 pm
BEDTIME	9:15 pm–9:45 pm

Other medication distribution times will be accommodated upon request.

PLEASE NOTE:

- » Medication cannot be dispensed without completed information on the Medication Authorization Permission Form, Dispensing Log, and Medication Envelope.
- » If a prescription changes (i.e., dosage, time, etc.), a new Dispensing Log form must be completed. Verbal notices or instructions **cannot** be accepted.
- » In the event that conflicting dispensing information exists, medication will be dispensed based on information on the prescription bottle or medication envelope.
- » The amount of medication sent to Atwood Center should not exceed a three-day supply.
- » Atwood Center staff may not assist with intravenous medication, procedures that are body-invasive, or care which requires medical judgment, including dosage calculation. If such assistance is required for the student’s health and well-being, a personal care giver or family member (age 16 or older) may be provided by the family for this purpose.
- » We will administer medications as directed, with the expectation that students have the knowledge and skills to safely possess, self-administer, and use any medications provided by parents/guardians. Authorized staff will assist with administering medication in emergency situations (i.e. Epi-pen, asthma inhaler).





ROCKFORD PARK DISTRICT MEDICATION ADMINISTRATION FORM

(Please complete and bring to your child's first day of program)

Participant Name _____

Program _____

The Rockford Park District strongly encourages participants' self-responsibility for their personal health, including personal care and medications. We ask that whenever possible, participants take their medication before or after, rather than during programming. Please understand that the Rockford Park District will administer medication for youth under the age of eighteen and/ or participants enrolled in our Therapeutic Recreation specific programs only in situations that are absolutely necessary for a participant's health, and which fall under the Americans with Disabilities Act and District guidelines.

PARENT/GUARDIAN MUST

1. Sign this Medication Administration Permission Form, complete the Medication Administration Log (reverse side of this form), and bring them to the first day of the program; all specific instructions for medication must be included.
2. Personally deliver all medication to the authorized staff in the original container or Rockford Park District medication envelope. The container must include the pharmaceutical or over-the-counter manufacturer's instructions to include: person's name, medication, dosage, and time of day medication is to be administered.
3. Verify with authorized staff the amount of medication (i.e., 10 pills, half of 8 oz bottle) noted on the Medication Administration Log.
4. Only send the amount of medication needed for the duration of the current program registration, not to exceed two weeks of time.
5. If pill tablets must be divided in order to administer the correct dosage, please do so at home before bringing to the program.

PERMISSION TO ADMINISTER MEDICATION AND WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that 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 in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at a Rockford Park District event, program or facility, except for claims arising out of the willful and wanton conduct of the Rockford Park District (hereinafter, "District").

INITIAL HERE

PERMISSION TO ADMINISTER MEDICATION: The District will not administer medication to a minor child or other participant unless this Permission and Waiver to Administer Medication has been fully completed and signed and initialed by a parent or guardian. I understand that it is my responsibility to ensure the medication is given directly to District staff in individual dosage containers, original prescription containers or envelopes clearly labeled with the following information: Participant's name, name of medication, and complete dosage instructions.

Initials of parent/guardian _____

SELF ADMINISTRATION AUTO INJECTOR AND/OR INHALER: As parent/guardian of the above identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess and self-administer medications, and/or use an epinephrine auto-injector or inhaler in a recreational setting.

- If participant does not have an auto injector or inhaler – no initial needed
- If participant cannot self administer – no initial needed
- If participant can administer – please initial below
- If participant will need accomodaton or you are unsure – please initial and provide comments below

Initials of parent/guardian _____

COMMENTS _____

EMERGENCY OR IMMEDIATE MEDICAL CARE: If after administering medication there is an adverse reaction, I understand that the Rockford Park District will secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, 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 possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

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 or arising out of the possession, self-administration, or use of medication against the District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the District.

I further agree to protect, indemnify, save, defend and hold harmless the District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the District.

SIGN HERE

I have read and fully understand the above waiver and release of all claims and indemnification. 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.

Parent/Guardian Name (PLEASE PRINT) _____

Parent/Guardian Signature _____

Date _____

Rockford Park District staff will not administer medication to a minor child or other participant until the Medication Administration Form and Dispensing Log have been fully completed.

ORIGINAL PACKAGING/BOTTLE DISPENSING LOG Must accompany the Medication Administration Form
Use for topical ointments, patches, liquids, etc.

Participant's Name

Program

MEDICATION, EPPEN, OR INHALER

Dosage

Dispense Time(s) Required

Administration Instructions

If EpiPen, what is the allergen(s)?

What are the signs of an allergic reaction or need for inhaler?

Count / Amount

Parent/Guardian Initials

Received by (staff initials / date)

STAFF ONLY													
Date	Time	Initials											
Date	Time	Initials											

MEDICATION, EPPEN, OR INHALER

Dosage

Dispense Time(s) Required

Administration Instructions

If EpiPen, what is the allergen(s)?

What are the signs of an allergic reaction or need for inhaler?

Count / Amount

Parent/Guardian Initials

Received by (staff initials / date)

STAFF ONLY													
Date	Time	Initials											
Date	Time	Initials											

Revised 5/10/2017

PILL/CAPSULE MEDICATION ENVELOPE DISPENSING LOG

Must accompany the Medication Administration Form

Participant's Name _____

Program _____

MED ENV #	DATE TO DISPENSE	TIME TO DISPENSE	MEDICATIONS TO BE DISPENSED DURING PROGRAM				STAFF USE ONLY			
			Medication Name	Medication Name	Medication Name	Number of Pills <i>please place all meds dispensed at one time in one envelope</i>	DATE ENVELOPE DISPENSED	TIME ENVELOPE DISPENSED	STAFF INITIALS	STAFF NOTES
1	3/17/17	8:00 am	Zyrtec	Advil		2				

Atwood Program Staff



Becky Stokes Lambert Outdoor Recreation & Education Manager
Valerie Coduto Outdoor Recreation & Education Coordinator
Shelley Marchione Outdoor Recreation & Education Coordinator
Matt Mulvenna Skills Specialist
Tom Hill Parks, Facility, and Bird of Prey Manager
Becky Starks Food and Sanitation Manager
Peggy Hacker Operations Assistant

Staff and Facility Credentials

Qualified program leaders facilitate all activities at Atwood Center. The entire program is under the supervision of an experienced program manager and administrative staff.

Staff members are trained and proficient in safety areas including First Aid, CPR, and Automatic External Defibrillation.

The Park District performs criminal background checks for all applicants. All employees working in safety-sensitive positions are subject to random drug and alcohol testing.

Program staff members hold undergraduate and graduate degrees in education, psychology, environmental science, geography, recreation, business administration, and anthropology. Staff also holds professional certifications from:



The Atwood Center is licensed and inspected by:

- Illinois Department of Public Health
- Winnebago County Health Department

Information for Parents



- » If your child has a disability-related need and you would like to speak with the Park District's Inclusion staff directly, please call 815-987-1626 or send an e-mail to: inclusion@rockfordparkdistrict.org.
- » **Illness** – Students who do not feel well should not come to Atwood Center. This includes:
 - Fever
 - Vomiting
 - Too tired or sick to participate in daily activities
 - Diarrhea
 - Draining Rash
 - Lice or nits
 - Eye discharge or pink eye
- » On occasion, Park District staff may photograph or videotape participants during programs/classes, and events or at our facilities. These photos may be used in Park District publications, advertisements, or videos. If you do not wish to have your child photographed, please inform your child to step away from the camera.
- » **Lost and found** articles can be picked up at Atwood Center on Saturdays from 10:00 a.m. to 2:00 p.m. or by making other arrangements. The Rockford Park District is not responsible for personal property. Articles left over at the end of the season will be donated.
- » **Special Diets and Food Allergies** – Only one menu option is prepared per meal; you may request a copy of the menu ahead of your child's trip to Atwood. Depending on your child's dietary restrictions, you may need to provide meals for your child. This information should be shared with your child's teacher. Please note this information in the "What Else Should We Know" box on the Student Registration form. If you will be sending alternative food, refrigeration and a microwave will be available.
- » **Peanut Allergies** – Atwood Center does not serve any foods that contain peanuts or peanut products; however, there is a possibility that some pre-packaged mixes were processed with machinery that could have come in contact with nuts. For that reason, **we cannot be considered a completely "peanut free" facility**. Students with severe peanut allergies should also be advised that there are walnut and hickory trees in our park. Students will be required to keep their Epi-pens with them and they and their classmates should be advised to refrain from touching walnuts, hickory nuts, or any unidentified plants in the park.

Information for Students

- » Atwood Center teaches a "Take only memories, leave only footprints." philosophy. Students should not gather or collect plants, leaves, animals, rocks, etc.
- » To help keep the building clean, bring at least two pairs of shoes. One for inside the building and one for outside.
- » Be prepared for any type of weather in any season.
- » Observe safety precautions and follow instructions.
- » Stay within assigned boundary areas unless with a teacher.
- » It is important to remain in supervised areas at all times. Do not wander off.
- » If you feel ill during the night, do not hesitate to wake up your teacher or adult. As always, the teachers and adults are there to help you.
- » Behavior Policy & Procedure: Atwood is committed to providing a safe, growth-oriented experience for every student. Please follow all rules and procedures as explained to you by the Atwood staff, to make sure your experience here is a successful one!

Packing List – Spring & Fall



Please keep in mind that things can get broken, ripped, or lost, so label all items. Don't bring valuables or items that you do not want to get dirty or ruined (disposable cameras, inexpensive binoculars are best). Belongings may get wet/muddy, or might carry a few hitchhiker burrs.

CLOTHING

- Pajamas/sleeping clothes
- 3-5 pairs of underwear
- 4-8 pairs of socks
- Shirts, long and short sleeves
- Sweater or sweatshirt
- 2 pairs of jeans
- Hat
- Warm jacket and/or fleece
- 1 pair outdoor shoes
 - Water shoes or boots for River Study class
- 1 pair indoor shoes (slippers optional)
- Rain gear

PERSONAL ARTICLES

- Water bottle
- Towel and wash cloth
- Soap and container
- Toothbrush, paste and floss
- Comb and/or brush
- Deodorant
- Chapstick
- Hair ties for long hair

BEDDING

- Sleeping bag or blanket and sheets
- Pillow

OTHER

- Required forms
 - Student Registration Form
 - Waiver
 - Medication Administration Form & Log (if sending medication)
- Medications (*see Medication Administration Form for labeling requirements, etc.*)
- Nature Store money (*in an envelope marked with name of student, school, teacher, and amount*)

OPTIONAL ITEMS

- Bug spray
- Sunglasses and sunscreen
- Kleenex
- Book to read, suitable for school
- Binoculars
- Camera
- Favorite stuffed critter to sleep with

ITEMS NOT TO BRING

- Food, candy, or gum
- Electronics (cell phones, iPads, etc.)
- Flash lights
- Knives
- Hair dryers and curling irons
- Hair products
- Perfume/cologne
- Jewelry (may get lost or broken)



Packing List – Winter



Please keep in mind that things can get broken, ripped, or lost, so label all items. Don't bring valuables or items that you do not want to get dirty or ruined (disposable cameras, inexpensive binoculars are best). Belongings may get wet/muddy, or might carry a few hitchhiker burrs. In the winter, dressing in layers will keep you the warmest. Wool or polypropylene is the best insulator for socks, gloves, sweaters or pants. Try to have your outer layer waterproof.

CLOTHING

- Pajamas/sleeping clothes
- 3-5 pairs of underwear
- Long underwear, tights or gym sweats
- 4-8 pairs of socks
- Shirts, long and short sleeves
- Wool sweater or fleece
- 2 pairs of jeans
- Hat that covers the ears
- Warm jacket
- Snow pants
- 2 pairs outdoor boots
(suitable for hiking in cold weather and snow)
- 1 pair indoor shoes (slippers optional)
- Rain gear

PERSONAL ARTICLES

- Water bottle
- Towel and wash cloth
- Soap and container
- Toothbrush, paste and floss
- Comb and/or brush
- Deodorant
- Chapstick
- Hair ties for long hair

BEDDING

- Warm sleeping bag or blanket and sheets
- Pillow

OTHER

- Required forms
 - Student Registration Form
 - Waiver
 - Medication Administration Form & Log
(if sending medication)
- Medications (*see Medication Administration Form for labeling requirements, etc.*)
- Nature Store money (*in an envelope marked with name of student, school, teacher, and amount*)

OPTIONAL ITEMS

- Sunglasses and sunscreen
- Kleenex
- Book to read, suitable for school
- Binoculars
- Camera
- Favorite stuffed critter to sleep with

ITEMS NOT TO BRING

- Food, candy, or gum
- Electronics (cell phone, iPads, etc)
- Flash lights
- Knives
- Hair dryers and curling irons
- Hair products
- Perfume/cologne
- Jewelry (may get lost or broken)

Atwood Nature Store



Atwood Nature Store is available for students who wish to purchase a souvenir from their trip. Items on hand change from month-to-month, and range in price from \$1 to \$25. Taxes on Nature Store items are already included in the prices below.

Those planning to shop at the Nature Store should place their money in an envelope labeled with the following information:

- » Student Name
- » School Name
- » Teacher Name
- » Amount Enclosed

Nature Store money is to be turned in to the homeroom teacher before arrival at Atwood Center.

To avoid items getting lost, stolen, or broken, all purchases made at the Nature Store should be packed in the student's luggage during their dorm break. This also includes any extra money not spent while at Atwood.

NOTE: Make checks payable to "Rockford Park District"

NATURE STORE ITEM	PRICE
Various Items	\$1-\$3
Atwood Water Bottle	\$5
Atwood Stuffed Owl	\$7
Atwood Stuffed Eagle	\$8
Predator/Prey T-shirt	\$15
Atwood Hoodie Sweatshirt	\$25



**ROCKFORD
PARK DISTRICT**

BOARD OF COMMISSIONERS

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