

Summer 2018



Registration Form

Day Camp

Participant's Name _____

Age _____ Birthdate _____ Gender: M F

Address _____ City _____ Zip _____

Township _____ School/Work _____ T-Shirt Size _____

Mother's Work Phone _____ Participant's Home Phone _____

Father's Work Phone _____ Mother's Cell Phone _____

Email Address _____ Father's Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Disability _____ Seizures: Yes No If yes, frequency _____

List Allergies or Food to avoid: _____

Camp Name	Session	Res. Fee	Non Res. Fee
Camp Carefree	1	<input type="checkbox"/> \$216	<input type="checkbox"/> \$324
Camp Carefree	2	<input type="checkbox"/> \$216	<input type="checkbox"/> \$324
Camp Carefree	3	<input type="checkbox"/> \$324	<input type="checkbox"/> \$486
Camp Carefree	4	<input type="checkbox"/> \$360	<input type="checkbox"/> \$540
Camp Independence	1	<input type="checkbox"/> \$216	<input type="checkbox"/> \$324
Camp Independence	2	<input type="checkbox"/> \$216	<input type="checkbox"/> \$324
Camp Independence	3	<input type="checkbox"/> \$324	<input type="checkbox"/> \$486
Camp Independence	4	<input type="checkbox"/> \$360	<input type="checkbox"/> \$540
Summer Adventurers <i>Camp Fee/Door to Door Trans Fee</i>	1	<input type="checkbox"/> \$225 / <input type="checkbox"/> \$100	<input type="checkbox"/> \$225 / <input type="checkbox"/> \$100
Summer Explorers <i>Camp Fee/ Door to Door Trans Fee</i>	1	<input type="checkbox"/> \$150 / <input type="checkbox"/> \$50	<input type="checkbox"/> \$150 / <input type="checkbox"/> \$50
Summer Explorers <i>Camp Fee/Door to Door Trans Fee</i>	2	<input type="checkbox"/> \$150 / <input type="checkbox"/> \$50	<input type="checkbox"/> \$150 / <input type="checkbox"/> \$50
After Camp Care	1	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
After Camp Care	2	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
After Camp Care	3	<input type="checkbox"/> \$90	<input type="checkbox"/> \$135
After Camp Care	4	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Fun in the Sun Swim Camp	1	<input type="checkbox"/> \$140	<input type="checkbox"/> \$210
All Star Sports Camp	1	<input type="checkbox"/> \$55	<input type="checkbox"/> \$83

Total Camp Fees Due: _____

Would you like to be on a payment plan? Yes No

Payment

Date: _____ Visa MasterCard Check # _____ Cash Amount _____
Account Number _____ Cardholder's Name _____
Exp. Date: _____ CVV2# (3 digits on back) _____ TOTAL: _____ Signature _____

Waiver/Signature

IMPORTANT INFORMATION -Northern Will County Special Recreation Association is committed to conducting its recreation programs and activities in a safe manner and holds safety of participants in high regard. Northern Will County Special Recreation Association 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 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 - 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/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/ programs exist. In this regard, it must be recognized that it is impossible for Northern Will County Special Recreation Association 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 Northern Will County Special Recreation Summer Guide 2017 activities, 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 of services, when provided). I recognize and acknowledge that 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 in participating in the program/activity against Northern Will County Special Recreation Association, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Northern Will County Special Recreation Association 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 waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward. In the event of an emergency, I understand and authorize Northern Will County SRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered. If registering via fax, facsimile signature shall substitute for and have same legal effect as an original form signature.

YOU MUST SIGN AND DATE THIS FORM AND PROVIDE FULL PAYMENT FOR YOUR REGISTRATION TO BE PROCESSED. I have read and fully understand the information on the reverse side of this form, warning of risk, assumption of risk and waiver and release of all claims, if registering a minor participant, I further attest that I have read the reverse to my minor child/ward.

Participant's Name *(please print)*

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

Date