



CAMP WAUCONDA REGISTRATION FORM 2017

Park District

*Camper's Full Name: _____ *D.O.B. _____ *Grade (Fall '17): _____
 *Address: _____ *City: _____ *Zip: _____
 *Mother's Name _____ *Father's Name _____
 *Home Phone: _____ *Home Phone: _____
 *Cell Phone: _____ *Cell Phone: _____
 *Mother's D.O.B.: _____ *Father's D.O.B.: _____
 *Email: _____ *Email: _____
 *Does your child have any allergies? Please list: _____

Please list any special needs or additional info: _____

Campers Shirt Size: **YS** (6-8) **YM** (10-12) **YL** (14-16) **YXL** (16-18) **AS** **AM** **AL**

****Please indicate which weeks your child will attend, and if Early Bird and/or Stay & Play is needed****

| Week | Dates | Full-Time | M-W-F | T-Th | Early Bird | Stay & Play |
|------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | 9:00am-4:00pm | | | 6:30-9:00am | 4:00-6:00pm |
| #1 | June 5-9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #2 | June 12-16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #3 | June 19-23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #4 | June 26-30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #5 | *July 3-7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #6 | July 10-14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #7 | July 17-21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #8 | July 24-28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #9 | July 31-Aug 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| #10 | Aug 7-11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*** NO CAMP TUESDAY, JULY 4TH**

| Resident Fee / Non-Resident Fee | | | | | |
|---------------------------------|--------------|------------|---------------|-------------|--------------------------|
| Full Time: | \$96 / \$106 | *\$80/\$90 | M-W-F: | \$65 / \$70 | T-Th: \$45 / \$50 |
| Early Bird: | \$32 | *\$25 | E.B. | \$20 | E.B. \$16 |
| Stay & Play: | \$25 | *\$20 | S.P. | \$16 | S.P. \$12 |
| | | | | | *\$20/\$25 |
| | | | | | *8 |
| | | | | | *6 |

One-time \$20 Registration Fee per child. \$10, **non-refundable** deposit for each Week of Camp is due at time of registration. 10% discount for each additional sibling attending the same week of camp.

ALL ACTIVITIES & DATES ARE SUBJECT TO CHANGE WITHOUT NOTICE

WAUCONDA PARK DISTRICT – WAIVER FORM

IMPORTANT INFORMATION

The Wauconda Park District is committed to conducting its recreation programs in a safe manner and holds the safety of participants in high regard. The Wauconda 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 are 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 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 exists. In this regard, it must be recognized that it is impossible for the Wauconda Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS 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, 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 Wauconda Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Wauconda Park District").

I do hereby fully release and forever discharge the Wauconda Park 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 a minor participant, I further attest that I have read the above to my minor child/ward.

PARTICIPATION WILL BE DENIED if the signature of parent/guardian and date are not on this waiver.

PRINT PARTICIPANT'S NAME

PARENT / GUARDIAN SIGNATURE

Date _____