

## DISC Day Camp Summer 2020 - Registration Form

Parent/Guardian Name: _____		<input type="checkbox"/> Park District Resident	<input type="checkbox"/> Non Resident
Address: _____		City: _____	Zip: _____
Cell Phone: _____		Home Phone: _____	
Email: _____			
Child #1 Name: _____	Gender: M	F	Age: _____ Birthday: _____
Child #2 Name: _____	Gender: M	F	Age: _____ Birthday: _____
Child #3 Name: _____	Gender: M	F	Age: _____ Birthday: _____

*\*if children are not all coming on same day, please fill out a new form for each child*

*For daily or weekly registration, please select the dates you prefer. Day Camp prefix: 410012; Teen Club prefix: 420012*

Week #1	Day	Teen	Week #2	Day	Teen	Week #3	Day	Teen
May 26	<input type="checkbox"/> 01	<input type="checkbox"/> 01	June 1	<input type="checkbox"/> 05	<input type="checkbox"/> 05	June 8	<input type="checkbox"/> 10	<input type="checkbox"/> 10
May 27	<input type="checkbox"/> 02	<input type="checkbox"/> 02	June 2	<input type="checkbox"/> 06	<input type="checkbox"/> 06	June 9	<input type="checkbox"/> 11	<input type="checkbox"/> 11
May 28	<input type="checkbox"/> 03	<input type="checkbox"/> 03	June 3	<input type="checkbox"/> 07	<input type="checkbox"/> 07	June 10	<input type="checkbox"/> 12	<input type="checkbox"/> 12
May 29	<input type="checkbox"/> 04	<input type="checkbox"/> 04	June 4	<input type="checkbox"/> 08	<input type="checkbox"/> 08	June 11	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<i>(no camp Monday, May 25)</i>			June 5	<input type="checkbox"/> 09	<input type="checkbox"/> 09	June 12	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Week #4	Day	Teen	Week #5	Day	Teen	Week #6	Day	Teen
June 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	June 22	<input type="checkbox"/> 20	<input type="checkbox"/> 20	June 29	<input type="checkbox"/> 25	<input type="checkbox"/> 25
June 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	June 23	<input type="checkbox"/> 21	<input type="checkbox"/> 21	June 30	<input type="checkbox"/> 26	<input type="checkbox"/> 26
June 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	June 24	<input type="checkbox"/> 22	<input type="checkbox"/> 22	July 1	<input type="checkbox"/> 27	<input type="checkbox"/> 27
June 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	June 25	<input type="checkbox"/> 23	<input type="checkbox"/> 23	July 2	<input type="checkbox"/> 28	<input type="checkbox"/> 28
June 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	June 26	<input type="checkbox"/> 24	<input type="checkbox"/> 24	July 3	<input type="checkbox"/> 29	<input type="checkbox"/> 29

### PAYMENT INFORMATION

*Daily rate: \$45NR/\$40R      Weekly rate: \$170NR/\$150R*

Check one:     Cash                     Check                     Credit Card                    Amount Paid: \_\_\_\_\_  
 Card #: \_\_\_\_\_                    CVV#: \_\_\_\_\_                    Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email me a receipt.

*\*Outstanding balances due to the Decatur Park District must be paid in full before enrollment and/or participation in other Park District activities. Thank you for your understanding.*

I would like to donate \$\_\_\_\_\_ to the scholarship program to enable economically disadvantaged youth the opportunity to participate in programs. (Please enclose donation). Thank you.

Registration must be done by noon the weekday prior to attendance. After deadline, add \$5 late fee per child.

**-PLEASE SIGN WAIVER ON BACK-**

## Waiver & Release of All Claims and Assumptions of Risk

PHOTO: I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

### 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(s), 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(s) (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(s), 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(s) against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District").

I do hereby fully release and forever discharge the Decatur 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 waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect and an original form signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(18 years or older or Parent/Guardian)

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive.

We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.