



CAMP I CAN

A Summer Program for Individuals with Special Needs



Who: Ages 6 - 14
When: June 1 - 25
Time: 9 a.m. - 1 p.m.
Where: Scovill Activity Center
Fee: \$70 (\$65 with resident discount)

Swim, create arts and crafts and visit the zoo in this camp designed uniquely for special kids with special needs. Fun activities at Nelson Park, Splash Cove, Scovill Zoo and more! Lunches will be provided daily through the Decatur Park District. Join us on June 25 for a parent reception and luncheon.

Please call Dana Floyd at 429-7750 if you would like to set up a parent meeting. Payments must be received two weeks prior to the start of the following week.

Must be pre-registered. Limited enrollment accepted to provide adequate staff-to-student ratio.

Please return registration with payment to the Decatur Indoor Sports Center, 1295 W. Wood Street
Decatur, Illinois 62522. If you have any questions, please call 429-7750.
Camp fee is \$70 (\$65 with resident discount) per week.

_____ WEEK I (6/1 - 6/5) VSI# 529130-43 _____ WEEK II (6/8 - 6/11) VSI# 529130-44
_____ WEEK III (6/15 - 6/19) VSI# 529130-45 _____ WEEK IV (6/22 - 6/25) VSI# 529130-46

CHILD'S NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME PHONE _____
BIRTHDATE _____ AGE _____ WHEELCHAIR? YES _____ NO _____
TRANSPORTATION: YES _____ NO _____ (available if you are in the Decatur Park District city limits)

PAYMENT OPTIONS: CASH - CHECK - VISA - MASTERCARD - DISCOVER - AMERICAN EXPRESS

CCC# _____ CVV _____ EXP _____ SIGNATURE _____
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.

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____
NAME _____ PHONE _____

My child's needs: Medication _____
Special care for seizures _____
Other information we should know _____

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.)

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program?

Yes No If yes, please describe: _____

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.