**2026 School’s Out Day Camp Winter/Spring - Registration Form**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Park District Resident □ Non-Resident

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*

**Section Date Day Field Trip/Activity**

**□** 410632-13 January 19 M Ice Skating

**□** 410632-14 Feb. 16 M Bounce Tag

**□** 410632-15 March 13 F Sky Zone

**□** 410632-16 March 16 M Iron Coyote

**□** 410632-17 March 17 T Savoy Movie Theater

**□** 410632-18 March 18 W Elevate

**□** 410632-19 March 19 T Bowling

**□** 410632-20 March 20 F Urbana Pool

**□** 410632-21 April 03 F Taylorville YMCA

**□** 410632-22 April 06 M Fun Day

**Location:**  DISC, 1295 W. Wood

**Time:** 6:30 a.m. – 6:00 p.m. p

(MUST HAVE KIDS AT THE DISC BY 8:30AM AND VANS WILL RETURN BY 4:00PM EACH DAY)

**Ages:** 5-14 (Must be enrolled in kindergarten)

**Fee:** $50 ($45 with resident discount)

15% discount for additional siblings

**Note:** Meals are not provided for camp days; please bring a sack lunch. Afternoon snack is provided.

**PAYMENT INFORMATION**

Check one: □ Cash □ Check □ Credit Card Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_

□ Visa □ MasterCard □ Discover □ American Express

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.*

**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.