**DISC Day Camp Summer 2024 - Registration Form**

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

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

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

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

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. MUST COMPLETE KINDERGARTEN TO REGISTER.*

**For daily or weekly registrations, please select the dates you plan to attend. Credits and refunds are NOT issued for days not used due to illness, or early pickup. Payments are due and payable on each Friday for the following week.**

*Day Camp/ Teen Camp prefix: 410012*

**Week #1**(67)Day Teen **Week #2**(68)Day Teen **Week #3**(69)Day Teen

(No Camp Monday May 27) June 3 □ 05 □ 05 June 10 □ 10 □ 10

May 28 □ 01 □ 01 June 4 □ 06 □ 06 June 11 □ 11 □11

May 29 □ 02 □ 02 June 5 □ 07 □ 07 June 12 □ 12 □ 12

May 30 □ 03 □ 03 June 6 □ 08 □ 08 June 13 □ 13 □ 13

May 31 □ 04 □ 04 June 7 □ 09 □ 09 June 14 □ 14 □ 14

**Week #4**(70) Day Teen **Week #5**(71) Day Teen **Week #6**(72) Day Teen

June 17 □ 15 □ 15 June 24 □ 20 □ 20 July 1 □ 25 □ 25

June 18 □ 16 □ 16 June 25 □ 21 □ 21 July 2 □ 26 □ 26

June 19 □ 17 □ 17 June 26 □ 22 □ 22 July 3 □ 27 □ 27

June 20 □ 18 □ 18 June 27 □ 23 □ 23 (No Camp Thursday July 4

June 21 □ 19 □ 19 June 28 □ 24 □ 24 July 5 □ 28 □ 28

**PAYMENT INFORMATION**

Residents: $160.00 1st child, $136.00 each additional child/ Daily rate $45.00/$38.25

Non-Residents: $180.00 1st child, $153 each additional child/ Daily rate $50.00/$42.50

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 $10 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.

**DISC Day Camp Summer 2024 - Registration Form**

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

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

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

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

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. MUST COMPLETE KINDERGARTEN TO REGISTER.*

**For daily or weekly registrations, please select the dates you plan to attend. Credits and refunds are NOT issued for days not used due to illness, vacation, or early pickup. Payments are due and payable on each Monday for the week.**

*Day Camp/ Teen Camp prefix: 410012*

**Week #7**(73)Day Teen **Week #8**(74)Day Teen **Week #9**(75)Day Teen

July 08 □ 00 □ 00 July 15 □ 05 □ 05 July 22 □ 10 □ 10

July 09 □ 01 □ 01 July 16 □ 06 □ 06 July 23 □ 11 □11

July 10 □ 02 □ 02 July 17 □ 07 □ 07 July 24 □ 12 □ 12

July 11 □ 03 □ 03 July 18 □ 08 □ 08 July 25 □ 13 □ 13

July 12 □ 04 □ 04 July 19 □ 09 □ 09 July 26 □ 14 □ 14

**Week #10**(76) Day Teen **Week #11**(77) Day Teen

July 29 □ 15 □ 15 August 5 □ 20 □ 20

July 30 □ 16 □ 16 August 6 □ 21 □ 21

July 31 □ 17 □ 17 August 7 □ 22 □ 22

August 1 □ 18 □ 18 August 8 □ 23 □ 23

August 2 □ 19 □ 19 August 9 □ 24 □ 24

**PAYMENT INFORMATION**

Residents: $160.00 1st child, $136.00 each additional child/ Daily rate $45.00/$38.25

Non-Residents: $180.00 1st child, $153 each additional child/ Daily rate $50.00/42.50

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 $10 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.