

Inverness Park District 2020 Summer Camp Registration

Participant's Last Name _____ First Name _____ Grade in Fall _____

Address _____ City & Zip _____

Home Phone Number _____ Cell Phone Number _____ Cell Phone Number _____

Email *please print clearly _____

Circle: CASH or CHECK Check Number # _____ Amount of check\$ _____

Last name of person paying for camp or list name if paying for someone else: _____

Session Choices - Camp runs Monday through Thursday from 9:00am to 12:00pm per session

Please X below which session(s) your child/ children will be attending:

	Session 1	Session 2
Session 3		
July 6 -9th	June 22 - 25th	June 29 - July 2nd

Child 1 Name _____

Placement

Information** _____

Child 2 Name _____

Placement

Information** _____

Child 3 Name _____

Placement

Information** _____

**Though we can't guarantee it, we certainly will try to place your child with friends as requested 😊

Inverness Park District Residents: \$105.00 (per session)

Non-Park District Residents: \$109.00 (per session)

****EARLY BIRD DISCOUNT TAKE \$10 OFF IF RECEIVED BY MIDNIGHT ON MAY 15, 2020!**

FEES:

Total number of sessions attending _____ Number of children _____ Price paid per child _____

TOTAL AMOUNT PAID _____ Any other notable
information _____

OFFICE USE ONLY:

***NO REFUNDS AFTER JUNE 1st *** Please initial _____

Cash or Checks only made payable to: Inverness Park District
Use our drop box or mail completed forms & payment to:
Inverness Park District, 300 N. Highland Road, Inverness, IL 60067

Authorized Pickup - These persons are authorized to pick up my child or children from Inverness Park District Summer Camp.
(NOTE: No one else may pick up your child without prior written permission signed by you.)

Pick up Names

Late Pickup - I understand that my child/children are to be picked up after camp no later than **12:00pm daily**. Two late pickups will result in my child's termination from camp without a refund.

Signature

Date

Release and Medical Emergency Form

Child Name

Date of Birth

List any allergies, medical conditions or concerns

Child Name

Date of Birth

List any allergies, medical conditions or concerns

Child Name

Date of Birth

List any allergies, medical conditions or concerns

PHYSICIAN NAME

PHYSICIAN PHONE NUMBER

Primary Emergency Contact - We will first try to contact parents as listed on the front of this form. If we are unable to reach you, we will try to reach your designated secondary emergency contact.

Secondary Emergency Contact (if parents are not available)

Relationship

Phone #

Cell Phone #

Pager

I give my child permission to attend the Inverness Park District Summer Camp, to use the equipment of the Inverness Park District Camp Program and Inverness Park District facilities and to participate in all activities, including performances by outside Vendors (hereinafter referred to as "Summer Camp Activities"). For and in consideration of permission to participate in all Summer Camp Activities, the undersigned, on behalf of myself and on behalf of my child, does hereby voluntarily assume all risks of loss, damage or personal injury, including death, that may be sustained by the Undersigned or my child which may hereinafter occur on account of, or in any way resulting from or arising out of such Summer Camp Activities.

I do hereby waive, release and forever discharge any and all rights and claims against Inverness Park District and their respective officers, agents, employees, representatives, volunteers, and counselors for damages or injury sustained by my child while participating in or attending any Summer Camp Activities.

I further agree to indemnify and hold harmless and defend the Inverness Park District and their respective officers, agents, employees, representatives, volunteers and counselors from any and all claims resulting from injuries, including damages and losses sustained by me or my child and arising out of, connected with, or in any way associated with the activities of the Summer Camp Activities to the extent permitted by law.

I do hereby authorize medical treatment of my child in the event of a medical emergency which, in the opinion of the attending physician and/or other qualified medical personnel may endanger his or her life, cause disfigurement, physical impairment or undue discomfort. This Release form is completed and signed for the purpose of authorizing medical treatment of my child under emergency circumstances in my absence. This authority is granted after reasonable effort has been made to contact me.

Parent/Guardian Signature

Date