

# Rolling Meadows Park District Individual Week Registration Form (1 per child)

## Part 1 - Payer's Information (please fill in all fields)

2017 Individual Week

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please check one:  No, this is not new contact info  Yes, there is new contact info

## Part 2 - Camper Information (please fill in all fields)

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Nickname \_\_\_\_\_

Grade in Fall 2017 \_\_\_\_\_ T-Shirt Size (circle one) Youth: *Small Medium Large* Adult: *Small Medium Large*

## Part 3 - Circle the camp (below) and circle each participating week. All prices are per 1-week session.

Full Day Camp \_\_\_\_\_

5 Day 1/2 Day Camp (M-F) \_\_\_\_\_

**Fees: \$135/\$165**

**Rise & Shine (\$28/\$48)**

**Extended Stay (\$28/\$48)**

Week 1: June 5 - June 9

Week 1: June 5 - June 9

Week 1: June 5 - June 9

Week 2: June 12 - June 16

Week 2: June 12 - June 16

Week 2: June 12 - June 16

Week 3: June 19 - June 23

Week 3: June 19 - June 23

Week 3: June 19 - June 23

Week 4: June 26 - June 30

Week 4: June 26 - June 30

Week 4: June 26 - June 30

Week 5: July 3 - July 7 \*\$108/\$138

Week 5: July 3 - July 7 \*\$22/\$42

Week 5: July 3 - July 7 \*\$22/\$42

Week 6: July 10- July 14

Week 6: July 10- July 14

Week 6: July 10- July 14

Week 7: July 17 - July 21

Week 7: July 17 - July 21

Week 7: July 17 - July 21

Week 8: July 24 - July 28

Week 8: July 24 - July 28

Week 8: July 24 - July 28

Week 9: July 31- August 4

Week 9: July 31- August 4

Week 9: July 31- August 4

**In accordance with the American with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? If yes, please describe:**

Payment plans will only be offered with automatic withdrawal via credit cards. A \$25 service fee will be charged for declined payments. A \$25 processing fee will be charged for refunds after the registration deadline dates. All camp programs must be paid in full at the time of registration if not choosing the payment plan.

### Part 4 - Notes

All camp participants are required to fill out a Camper Information Packet prior to the start of camp. **Completed camp packets are due Friday, May 19th.** These are available at [rmparks.org](http://rmparks.org) or at the Community Center front counter.

**Individual Week Options are for School Age Camp Only.**

Individual Week Fees: **(\$135/\$165)** per week (unless noted)

Rise & Shine Fee: **(\$28/\$48)** (unless noted)

Extended Stay Fee: **(\$28/\$48)** (unless noted)

### Part 5 - Payment Options

Balance Due \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

Cash (\$ \_\_\_\_\_) Check (\$ \_\_\_\_\_) Check # \_\_\_\_\_

Credit Card: Visa MasterCard AMEX Disc Exp. Date \_\_\_\_\_

Credit Card # \_\_\_\_\_

Security Code # \_\_\_\_\_

Signature \_\_\_\_\_

**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 Rolling Meadows Park District, including its officials, agents, volunteers and employees.

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 as an original form signature.

**PARTICIPATION WILL BE DENIED**

If the signature of adult participant or parent/guardian and date are not on the waiver.

X \_\_\_\_\_

Participant's Signature

Today's Date

