

# Inverness Park District

## 2017 Summer Camp Registration

➤ Please Complete Both Pages



**Parent/Guardian Information:**

Last Name	Mother's First Name	Father's First Name
Address		Town, Zip
Home Phone Number	Mother's Cell Phone Number	Father's Cell Phone Number
Business Phone Number	Pager Number	Email Address (Mandatory)

**Age Requirement: Entering K through 6<sup>th</sup> Grade in Fall 2017 Participant Information:**

Child 1	Last Name (if different from above)	First Name	Male/Female	Date of Birth
	School	Grade Next Fall	T-shirt size (Child S) (Child M) (Child L) (Adult S)	
Child 2	Last Name (if different from above)	First Name	Male/Female	Date of Birth
	School	Grade Next Fall	T-shirt size (Child S) (Child M) (Child L) (Adult S)	
Child 3	Last Name (if different from above)	First Name	Male/Female	Date of Birth
	School	Grade Next Fall	T-shirt size (Child S) (Child M) (Child L) (Adult S)	

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

Please mark below which sessions your child or children will be attending.

	Sess. 1 6/5 - 6/8	Sess. 2 6/12 - 6/15	Sess. 3 6/19 - 6/22
Child 1 Name _____	_____	_____	_____
Placement Information ** _____			
Child 2 Name _____	_____	_____	_____
Placement Information ** _____			
Child 3 Name _____	_____	_____	_____
Placement Information ** _____			

\*\*You may name a MAXIMUM of two friends with whom your child would like to be placed, but we do not guarantee placement!!!

**Inverness Park District Residents: \$96.00 (per session) / Non-Park District Residents: \$103.00 (per session)**

**\*\*\*\*NO REFUNDS AFTER JUNE 1st \*\*\*** please initial \_\_\_\_\_

# of sessions attending \_\_\_\_\_ x Cost \_\_\_\_\_ = \_\_\_\_\_ Amount Due: \_\_\_\_\_

**Cash or Checks only made payable to: Inverness Park District**  
**Mail completed forms and 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 pick ups 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**