

Summer Camp Registration Form



Jr. Adventure, Adventure and Sunrise and Sunset Camps

When registering your camper(s), please make sure to get a camp packet and turn it in by the first day of camp.

Camper's Name: _____ Birthdate: _____ Age: _____

(Check one) Jr. Adventure (5-7 Years) Adventure (7-10 Years) Sr. Adventure (10-12 Years)

Camper must meet age requirement by first day of camp.

SAVE 10% and Register by the Week!

		CAMP BY THE DAY (Circle Days Wanted)	CAMP BY THE DAY FEE*	TRIP DAY FEE	CAMP BY THE WEEK FEE	TOTAL FEES
THEME: Welcome to Summer! FIELD TRIP: Turtle Splash	Jun 6-10	6 7 8 9 10	___ x \$31 = \$	+ \$36	\$145	
THEME: Into the Future FIELD TRIP: York Theatre	Jun 13-17	13 14 15 16 17	___ x \$31 = \$	+ \$36	\$145	
THEME: Among the Dinosaurs FIELD TRIP: Reptile Show	Jun 20-24	20 21 22 23 24	___ x \$31 = \$	+ \$36	\$145	
THEME: Under the Sea FIELD TRIP: Shedd Aquarium	Jun 27-Jul 1	27 28 29 30 1	___ x \$31 = \$	+ \$36	\$145	
THEME: In the Wild FIELD TRIP: Lincoln Park Zoo	Jul 5-8	No Camp 5 6 7 8 7/4	___ x \$31 = \$	+ \$36	\$116	
THEME: At the Holidays FIELD TRIP: Santa's Village	Jul 11-15	11 12 13 14 15	___ x \$31 = \$	+ \$36	\$145	
THEME: On the Ground FIELD TRIP: Bug Show	Jul 18-22	18 19 20 21 22	___ x \$31 = \$	+ \$36	\$145	
THEME: In the Treetops FIELD TRIP: Morton Arboretum	Jul 25-29	25 26 27 28 29	___ x \$31 = \$	+ \$36	\$145	
THEME: In the Air FIELD TRIP: Ben's Bubble Show	Aug 1-5	1 2 3 4 5	___ x \$31 = \$	+ \$36	\$145	
THEME: At the Poolside FIELD TRIP: Paradise Bay	Aug 8-12	8 9 10 11 12	___ x \$31 = \$	+ \$36	\$145	

SUMMER CAMP 2022 FEES	ALL 10 WEEKS	1 WEEK	WEEK OF JULY 4	DAILY*
SUNRISE CAMP	\$314	\$36	\$29	\$8
SUNSET CAMP	\$392	\$45	\$36	\$10
JR. ADVENTURE, ADVENTURE & SR. ADVENTURE	\$1,251	\$145	\$116	\$31

BEST DEAL SAVE 20%! →

10 WEEKS OF SUMMER FUN
Sunrise* Sunset* **\$1,251**

Note: There is **NO EARLY BIRD** for daily registration fees.

*If you are interested in sunrise and/or sunset camp, please ask the registration office for a scheduling packet.

FEES SUB-TOTAL	
Non-Resident Fee \$3/person per program	
Voluntary Contribution to Financial Assistance Fund	
TOTAL FEES	

Visa Mastercard Discover

Cardholder Name (please print)

Card No

Authorized Signature Exp Date CVV

Register for all 10 weeks of Jr. Adventure, Adventure, or Sr. Adventure Camp by **MAY 26** and pay your camp fees in two installments. Please call us at 630.834.8970 for camp payment plan details or visit our website at www.invillapark.com

▶▶▶▶▶ PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.

VILLA PARK | Parks and Recreation

Family and Last Name of Head of Household: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Ph: _____ Secondary Ph: _____

Parent Name: _____ Work Ph: _____ Cell: _____

Parent Name: _____ Work Ph: _____ Cell: _____

Family E-mail Address: _____

EMERGENCY NAMES AND PHONE NUMBERS: (other than parents/guardians)

1. _____
NAME RELATION HOME# CELL# WORK#

2. _____
NAME RELATION HOME# CELL# WORK#

EMERGENCY TREATMENT PERMISSION | Village of Villa Park Recreation Department

Waiver/Release of All Claims and Emergency Treatment Permission

Please read this form carefully and be aware that by signing this form and participating in the programs listed, that you will be waiving and releasing all claims for injuries you or your children might sustain arising out of these programs.

Release and Hold Harmless Agreement

As a participant in this VILLA PARK · Parks and Recreation program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program.

I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers for damages and/or injuries which may arise from my child's participation in this program.

Emergency Treatment Permission

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment.

Signature of Participant, Parent or Legal Guardian

Date

Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered.

I understand that the village does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

Acknowledgment

I have read and fully understand the registration policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission." This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation in this program. I represent to the Village of Villa Park that I am familiar with the program and its physical demands, and I attest and verify that the participant, whether myself or my child, is physically fit for this program.

Photo Consent

I understand that my child may be photographed while participating in the Village of Villa Park Recreation Division programs. I understand that these photos may be used in printed material and on the Parks and Recreation website for publicity purposes.

I give my consent for my child to be photographed while participating in the Village of Villa Park Recreation Division programs.

Signature of Participant, Parent or Legal Guardian

Date

This waiver must be signed by all participating adults 18 years old and over, and by a parent or guardian for each participant under age 18. If registering a minor participant, I further attest that I have read these instructions to my minor child/ward.