



St. Charles Park District Registration Form - Pottawatomie Camp

8 North Ave., St. Charles, IL 60174 • 630-513-6200 • Fax 630-513-9304

Only one participant per form. Print all information neatly and carefully. **Must also complete the Emergency and Medical Information Form at stcparks.org.**

FOR OFFICE USE ONLY	
Received By _____	_____
Date _____	_____

Main Contact - Last Name _____ First Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Primary Phone _____ - _____ - _____ Secondary Phone _____ - _____ - _____ E-mail _____

***Note any physical or other limitations, allergies, special medication or additional conditions that may affect participation. If special accommodations are needed, allow 2 weeks prior to the start of the program.

Child's Name _____ Birthdate ____/____/____ Sex M F

SELECT CAMP: Kindergarten Camp *Entering Kindergarten* Explorers Camp *Entering Grades 1-2* Navigators Camp *Entering Grades 3-4* On The Go Camp *Entering Grades 5-6* Before Camp *Entering grades K-6* Beyond Camp *Entering grades K-6* Wrap Up Camp *Entering grades K-6*

Please indicate camp dates with (X) to the right.

Pottawatomie Camp Weekly Fees	1-3 DAYS/WK		4-5 DAYS/WK	
	RES	NR	RES	NR
Kindergarten Camp	\$94	\$141	\$143	\$193
Explorers & Navigators	\$94	\$141	\$143	\$193
On The Go Camp	\$98	\$147	\$150	\$200
Before Camp	\$18	\$27	\$27	\$41
Beyond Camp	\$32	\$48	\$47	\$71
Wrap Up Camp Aug 12-13	\$46/day	\$69/day		
TOTAL FEE: _____				

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	June 10 <input type="checkbox"/>	June 11 <input type="checkbox"/>	June 12 <input type="checkbox"/>	June 13 <input type="checkbox"/>	June 14 <input type="checkbox"/>
Week 2	June 17 <input type="checkbox"/>	June 18 <input type="checkbox"/>	June 19 <input type="checkbox"/>	June 20 <input type="checkbox"/>	June 21 <input type="checkbox"/>
Week 3	June 24 <input type="checkbox"/>	June 25 <input type="checkbox"/>	June 26 <input type="checkbox"/>	June 27 <input type="checkbox"/>	June 28 <input type="checkbox"/>
Week 4	July 1 <input type="checkbox"/>	July 2 <input type="checkbox"/>	July 3 <input type="checkbox"/>	July 4 (no camp) <input type="checkbox"/>	July 5 <input type="checkbox"/>
Week 5	July 8 <input type="checkbox"/>	July 9 <input type="checkbox"/>	July 10 <input type="checkbox"/>	July 11 <input type="checkbox"/>	July 12 <input type="checkbox"/>
Week 6	July 15 <input type="checkbox"/>	July 16 <input type="checkbox"/>	July 17 <input type="checkbox"/>	July 18 <input type="checkbox"/>	July 19 <input type="checkbox"/>
Week 7	July 22 <input type="checkbox"/>	July 23 <input type="checkbox"/>	July 24 <input type="checkbox"/>	July 25 <input type="checkbox"/>	July 26 <input type="checkbox"/>
Week 8	July 29 <input type="checkbox"/>	July 30 <input type="checkbox"/>	July 31 <input type="checkbox"/>	August 1 <input type="checkbox"/>	August 2 <input type="checkbox"/>
Week 9	August 5 <input type="checkbox"/>	August 6 <input type="checkbox"/>	August 7 <input type="checkbox"/>	August 8 <input type="checkbox"/>	August 9 <input type="checkbox"/>
Week 10 (Wrap Up)	August 12 <input type="checkbox"/>	August 13 <input type="checkbox"/>	School resumes August 14.		

Liability Waiver Form

You are solely responsible for determining if your minor child/ward or you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child/ward or you might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided.)

Waiver & Release of All Claims and Assumption of Risk

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity 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 my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against the St. Charles Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the St. Charles 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 my minor child/ward or me and arising out of, connected with, or in any way associated with this program/activity.





Signature of Participant or Parent/Guardian _____ Date _____

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.

PHOTOS: I understand that my child/ward or I may be photographed or videotaped while participating in a St. Charles Park District program or event. I give permission for photos and video of my child/ward or me to be used to promote the St. Charles Park District. Such photos/video will remain the property of the St. Charles Park District. Please call 630-513-6200 with any questions.

RESIDENCY RATE DISCLAIMER: Residency rates apply to anyone who lives within the St. Charles Park District boundaries. Final determination of residency will be made when processed by the Business Department, not at time of purchase.

NOTE: Only registrations paid by credit card are accepted by FAX. When registering by FAX, it is mutually understood that the facsimile registration document (including the Waiver & release of all claims) shall substitute for and have the same legal effect as the original form.

(circle one) Check # _____     Cardholder Name _____ Charge Amount _____
 Card # _____ Exp. Date ____/____/____ CVV# _____ Signature _____