



St. Charles Park District Full-Day Summer Camp Registration Form

8 North Ave., St. Charles, IL 60174 • 630-513-6200 • Fax 630-513-9304 • eMail: registration@stcparks.org

Only one participant per form. Print all information neatly and carefully. Must create an ePACT account and complete medical and emergency contact information.

FOR OFFICE USE ONLY	
Received By _____	Date _____

Contacts (Primary) Last _____ First _____ **(Secondary)** Last _____ First _____

Primary Address _____ City _____ State _____ Zip _____

Secondary Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ E-mail _____

Please check this box for participants requesting inclusion services, as the District works with Fox Valley Special Recreation Association to provide reasonable modifications for individuals with disabilities who need assistance to participate successfully in programs. To provide the best customer service, please make this request at least two weeks before the start of the program.

Child's Name _____

Birthdate _____

Entering Grade _____

For camp fees, visit:
stcparks.org/camps

	Single Day & Wrap-Up Camp Grades K-5 7am-6pm	Flex Camp GRADES K-4 (Choose 2+ days) 8:30am-3pm	Flex Camp GRADE 5 (Choose 2+ days) 8am-3:30pm	STC/SPX Camp GRADES 1-4 (5 Days, M-F) Choose: PCC or SPX* *No Before/After Camp at Sportsplex 8am-3:30pm	Before Camp GRADES K-5 7-8:30am	After Camp GRADES K-5 3-6pm	Teen Camp GRADES 6-8 (5 Days, M-F) No Before/After Camp 8:15am-4pm	Nature Camp GRADES 1-2: Pathfinders (5 Days, M-F) No Before/After Camp 9am-3pm	Nature Camp GRADES 3-4: Trailblazers (5 Days, M-F) No Before/After Camp 9am-3pm	Nature Camp GRADES 5-6: Earthkeepers (5 Days, M-F) No Before/After Camp 9am-3pm	Farm Camp AGES 8-12 (5 Days, M-F) No Before/After Camp 8:30am-3:30pm
Thursday • May 28	Th										
Friday • May 29	F										
WEEK 1: 6/1-6/5		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39262	39522	39531	39548	39738
WEEK 2: 6/8-6/12		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39263	39523	39532	39549	39731
WEEK 3: 6/15-6/19		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39264	39524	39534	39550	39732
WEEK 4: 6/22-6/26		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39265	39525	39535	39551	39733
WEEK 5: 6/29-7/3		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39266				
WEEK 6: 7/6-7/10		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39267	39526	39536	39552	39734
WEEK 7: 7/13-7/17		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39268	39527	39545	39553	39735
WEEK 8: 7/20-7/24		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39269	39528	39546	39554	39736
WEEK 9: 7/27-7/31		M Tu W Th F	M Tu W Th F	___PCC ___SPX	M Tu W Th F	M Tu W Th F	39270	39529	39547	39555	39737
WEEK 10: 8/3-8/7		M Tu W Th F	M Tu W Th F	___PCC ONLY	M Tu W Th F	M Tu W Th F	39271				
Monday • Aug 10	M										
Tuesday • Aug 11	Tu										

(circle one) Check # _____



Cardholder Name _____

Charge Amount _____

Card # _____ Exp. Date _____ CVV# _____ Signature _____



St. Charles Park District Full-Day Summer Camp Registration Form

8 North Ave., St. Charles, IL 60174 • 630-513-6200 • Fax 630-513-9304 • eMail: registration@stcparks.org

Only one participant per form. Print all information neatly and carefully. **Must create an ePACT account and complete medical and emergency contact information.**

Child's Name _____

Entering Grade _____

LIABILITY WAIVER: 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.

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.

EMERGENCY AND MEDICAL INFORMATION will be collected and stored in ePACT, the District's emergency network. After registering, you will receive an email to create or update your medical and emergency information, pick-up authorizations, photos and other details about your camper. Signing the form implies consent to assist my child with medical and emergency care.

FIELD TRIP PERMISSION: As described in program descriptions, some programs include walking and/or bussed field trips. By registering for this program, you are providing permission for your child to go on any field trips, walking or by bus, sponsored by the St. Charles Park District during the time s/he participates in this Park District program. Notification of any trips will be sent home prior to the date the trip is scheduled.

LATE PICK UP POLICY: It is important that you be on time when picking up your child. Any campers left after pick-up concludes will be sent to After Camp and the After Camp fee will be charged; otherwise, the Park District will bill parents \$5 for the first five minutes of late time and \$1 for each additional minute. A counselor will remain with your child due to a late pick up. If your child is to ride with someone other than yourself at pick up time, please send a note a day in advance with your child so that staff may ensure maximum safety. Parents are responsible for the late fee if the designated person is late in picking up your child.

PG MOVIE PERMISSION: PG movies may be shown during this program. If you do not wish for your child to watch movies with PG ratings (Frozen, Zootopia, The Incredibles, etc.), please notify the program supervisor or camp counselor.

MODIFICATIONS FOR PATRONS WITH DISABILITIES: ALL participants should be able to meet behavior expectations with or without modifications. We work in collaboration with Fox Valley Special Recreation Association (FVSR) to make reasonable modifications in compliance with the Americans with Disabilities Act (ADA) for any individual with a disability that registers for programs. To request modifications, please call or email Registration Supervisor, Cori Hedlund at: 630-513-4332 or chedlund@stcparks.org. She will connect you to the supervisor responsible for your program(s). If you know the supervisor of your program(s) and have communicated previously, you are welcome to contact them directly to start the process. A minimum of two weeks notice is requested in order to do our best to meet your needs on the first day of the program. Please understand that failure to provide timely and appropriate notice of a special need and/or request for reasonable accommodation may result in a delay in registration.

Any accommodation requests will be considered in conjunction with health and safety guidelines from the Illinois Department of Public Health (IDPH). The IDPH recommends that any adults over the age of 60 years, especially with serious medical conditions, or any children with serious underlying medical conditions, avoid congregate settings, such as childcare or daycare centers.

CAMP DEPOSIT: An initial payment of \$25 per child, per week is required for All Day Summer Camps. This fee is nonrefundable for cancellation requests made on or after May 1.

CHANGE PROCEDURES: Registration changes can only be made in writing, before the final payment is collected seven (7) days prior to the weekly camp session. Each change will incur a \$7 processing fee. Outstanding or delinquent payments do not qualify for changes, credits or refunds.

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.