



# St. Charles Park District Registration Form - Baker Station

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

Complete all information neatly and carefully. **Must create an ePACT account to complete medical/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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's School \_\_\_\_\_ REQUESTED START DATE \_\_\_\_\_

Mark the days of the week (minimum 2) your child will attend. Days must remain the same throughout the year.

## 2026-2027 School Year

### Register Early & Save Money!

A non-refundable program deposit of \$50 is required. Deposit waived if registered before July 15.

Program	One Payment*	Monthly**
5-Day	\$2,470	\$247
4-Day	\$2,230	\$223
3-Day	\$1,930	\$193
2-Day	\$1,380	\$138

\*Based on ten (10) months August 2026 to May 2027

\*\*If beginning the program after the start date, monthly fees may be different than posted.

TOTAL DAYS/WEEK \_\_\_\_\_

Baker Station Sites*	Bussed School	MON	TUE	WED	THU	FRI
Bell Graham						
Davis (incl. Richmond)	Richmond					
Ferson Creek (incl. Anderson & Corron)	Anderson, Corron					
Fox Ridge						
Munhall						
Wasco						
Wild Rose						

\*Sites are subject to consolidation based on enrollment minimums and other program needs. Final site locations will be determined after early registration on July 15; if the combination of sites is necessary, changes will be communicated to registered participants the week of July 21. CUSD303 will provide transportation for participants not attending Baker Station at their home school.

## Payment Options

1. Pay the non-refundable program deposit, if applicable, and full activity registration fee at the time of registration.
2. Pay the non-refundable program deposit, if applicable, and have the program balance split between monthly payments, automatically withdrawn from your bank account. Monthly payment information is required at the time of registration. Payments will occur on the 1st of each month beginning August through May.

- Electronic Check Payment (ECP): Monthly payments will be automatically debited from your checking or savings account.
- Credit Card Authorization (CCA): Monthly payments will be automatically charged to your credit card.

## 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.

**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.

NOTE: Credit card payment is required for FAX and eMail registrations. It is mutually understood that the FAX or eMail registration document (including the Waiver & Release of all Claims) shall substitute for and have the same legal effect as the original form.

Check # \_\_\_\_\_ (check one) Cardholder Name \_\_\_\_\_ Charge Amount \_\_\_\_\_  monthly payments  pay-in-full

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ CVV# \_\_\_\_\_ Signature \_\_\_\_\_