



Weekly Registration | Request

Child's Name _____

Birthdate _____ Grade in 2021-2022 _____ Shirt Size _____

Parent's Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Add'l Phone _____

My child has special needs or requires one-on-one assistance. A minimum of two weeks' notice is required.

Week	1	2	3	4	5	6	7	8	9	10	11	12
	5/27-5/28	6/1-6/4	6/7-6/11	6/14-6/18	6/21-6/25	6/28-7/2	7/5-7/9	7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6	8/9-8/13
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERNAL USE ONLY												
PAYMENT DATE	At Reg.	5/21	5/28	6/4	6/11	6/18	6/25	7/2	7/9	7/16	7/23	7/30
TOTAL DUE												

	WEEK 1		WEEK 2		WEEKS 3-13	
	EARLY BIRD	AFTER 4/30	EARLY BIRD	AFTER 4/30	EARLY BIRD	AFTER 4/30
Summer Camp	\$56R / \$64NR	\$60R / \$68NR	\$112R / \$128NR	\$120R / \$136NR	\$140R / \$160NR	\$150R / \$170NR
Before Camp	\$11R / \$13NR	\$13R / \$15NR	\$23R / \$27NR	\$27R / \$31NR	\$28R / \$33NR	\$33R / \$38NR
After Camp	\$14R / \$16NR	\$16R / \$18NR	\$28R / \$32NR	\$32R / \$36NR	\$35R / \$40NR	\$40R / \$45NR

I will review the Awesome Adventure Camp handbook with my child and we agree to abide by all policies and procedures. (Handbook can be viewed at csparks.org.)

Your first week is due at registration. Select method of payment for all remaining weeks.

Pay for all registrations up front

Automatic Payment

Parent/Guardian Name (Print)	Date MM/DD/YY
Signature	INTERNAL USE ONLY
	STAFF INITIAL DATE

RETURN BY EMAIL: INFO@CSPARKS.ORG
RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188



Waiver & Release

IMPORTANT INFORMATION

The Carol Stream Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Carol Stream Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

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

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant.

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Carol Stream Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

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 you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations when provided).

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 I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Carol Stream Park District, including its officials, agents, volunteers and employees. Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, my online signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Name (Print)	
Signature	Date MM/DD/YY



Participant Information

Indicate below any information you feel would benefit Carol Stream Park District staff. Lack of detailed information compromises the staff's ability to successfully accommodate your child. Carol Stream Park District is not responsible for any injuries, complications, damages or losses due to lack of information provided. Many resources and adaptations are available to assist your child; please keep us informed.

Child's Name _____ Birthdate _____

ONE PARTICIPANT PER FORM

Parent's Name _____ Cell Phone _____

Physician Name _____ Phone _____

Are immunizations up to date? Yes No _____

Allergies/Dietary Restrictions

Medical Concerns & Medications

If your child has medication that may need to be administered by Carol Stream Park District staff or medication that may be self-administered (including asthma inhalers), a Permission to Dispense Medication Form must be completed.

Behaviors, Fears & Miscellaneous

Yes, child has special needs or need one-on-one assistance.

If yes, provide details. Note that one-on-one aides must be requested at least two weeks in advance.

Swim Permission

Complete the following to help us ensure your child's safety while swimming. Children listed as Swimmer or Unsure will be swim tested. To pass the swim test, participants must swim 25 yards unassisted in the deepest part of a pool. While visiting offsite pools, we will follow standards set for swimmers and non-swimmers by the facility.

Non-Swimmer

My child is only approved to swim in the **shallow end of any pool up to a maximum depth of 3' 6"**

Swimmer

My child can swim in **all pool areas**

Unsure

I am unsure if my child is a Swimmer or Non-Swimmer. They are permitted to go into areas listed for Swimmers dependent upon swim test results.

Child Height _____ Feet _____ Inches

Some activities limit children based on their height.



Parents/Guardians with custody have authorization to pick up the participant. List siblings, parents without custody, relatives, or friends who are also authorized to pick-up your child. All individuals must present a photo ID in order for your child to be released into their custody. Only the custodial parent(s) may approve additions or changes to the Authorized Contact and Release List.

Child Information ONE PARTICIPANT PER FORM

Child Name	Birthdate	Age	M/F	School	Current Grade	Entering Grade

Parent/Guardian Name _____ Relationship _____

Email _____ Cell _____ Add'l Phone _____

Parent/Guardian Name _____ Relationship _____

Email _____ Cell _____ Add'l Phone _____

Do both parents have custody? Yes No

Address Street _____ City _____ State _____ Zip _____

Authorized Contacts

Minimum of one authorized person other than the child's parent/s must live within five miles of the program.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

NOT AUTHORIZED TO PICK UP

Name _____ Relation _____

Name _____ Relation _____

I authorize the Carol Stream Park District to release my child to the above listed persons in the event that I am unable to pick up my child myself. I release the Carol Stream Park District from any and all responsibility once my child has been released into the custody of these above individuals.

INTERNAL USE ONLY

STAFF INITIAL _____
DATE

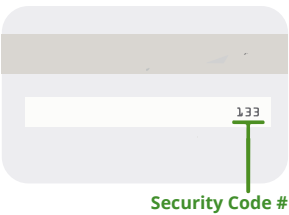
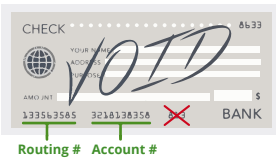
Parent/Guardian Name (Print)

Parent/Guardian Signature **Date** MM/DD/YY

Enrollment For

- ActivKids**
- Camp**
- Dance**
- Fitness**
- Forever Young**
- Preschool**
- Springers**
- Other**

Payments for the following programs are due throughout the duration of the program or membership contract. Review your program's specific payment guidelines for details.



Participant Name _____

 Organization Name *(if applicable)* _____

Cell Phone _____ Add'l Phone _____

ECP Authorization *(electronic check withdrawal from checking account)*

Account Holder's Name _____

Routing # _____

Account # _____

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment.
Debit/Credit Card Payment Authorization

- Debit Card
- Credit Card
- Business Card

Business Card must include name of user or be accompanied by company letter of authorization that can be verified by phone.

Card Holder's Name _____

 Card Number *(last 4 digits)* _____

Expiration Date ____ / ____

Security Code # _____

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of debit/credit card.
TERMS OF AUTOMATIC PAYMENT PLAN

My payment amount is outlined in my program's payment structure, and may fluctuate if I change my program registration in any way. **The start and end dates of this scheduled payment will follow the terms outlined in my program's payment guidelines and will be processed based on the program's specific payment plan.** Declined payments will be reprocessed for up to 10 business days.

I agree to maintain sufficient funds in my bank account or credit card account to cover each payment. I understand that if I choose to cancel my payment, it must be requested in writing 5 days prior to my next payment and I must make alternate payment arrangements. Any EZ Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the EZ Payment option. CSPD reserves the right to change or revoke the payment plan, or an individual's participation in the payment plan or program, with or without notice.

INTERNAL USE ONLY

STAFF INITIAL _____

DATE / /

Payment Plan Updated

Name (Print)	
Signature	Date MM/DD/YY

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