



Weekly

Registration Request

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Entering Grade in 2026-2027 ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5thT-Shirt Size ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth XL☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL☐ My child has special needs or requires one-on-one assistance. Requests should be received by April 30. A minimum of 4 weeks advance notice is needed during peak times.☐ I will review the Adventure Camp handbook with my child and we agree to abide by all policies and procedures. The handbook can be viewed at [csparks.org/camp/adventure-camp-handbook/](http://csparks.org/camp/adventure-camp-handbook/)☐ I understand payments will not be refunded or credited within two weeks of the start of that camp week or due to absences of any kind.Select the method of payment for all remaining weeks. ☐ Pay In Full ☐ Payment Plan

\$35 non-refundable enrollment fee and first week's payment are due at registration. Payment plan drafts on Mondays two weeks prior to each attendance week. Automatic Payment Request form required for all payment plans. Refunds and credits within 14 days of the requested camp week are not available. If withdrawing more than 14 days in advance and requesting a refund, a 10% service fee is applied.

WEEK		1	2	3	4	5	6	7	8	9	10	11	12
DATES	TIMES	6/4-6/5	6/8-6/12	6/15-6/19	6/22-6/26	6/29-7/3	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14	8/17-8/18
Summer Camp	9 am-4 pm	<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	7-9 am	<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	4-6:30 pm	<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"/>
PAYMENT DATE		5/18	5/25	6/1	6/8	6/15	6/22	6/29	7/6	7/13	7/20	7/27	8/3

	WEEKLY RATES			
	FULL WEEKS 6/8-8/14		TWO DAY WEEK 6/4-6/5 & 8/17-8/18	
	EARLY BIRD	AFTER 4/30	EARLY BIRD	AFTER 4/30
	Summer Camp	\$185R / \$205NR	\$195R / \$215NR	\$74R / \$82NR
+ Before Camp	\$45R / \$50NR	\$50R / \$55NR	\$18R / \$20NR	\$20R / \$22NR
+ After Camp	\$55R / \$60NR	\$60R / \$65NR	\$22R / \$24NR	\$24R / \$26NR

## INTERNAL USE ONLY

☐ ENROLLMENT FEE PAID☐ AUTOMATIC PAYMENT REQUEST FORM COMPLETED

STAFF INITIAL \_\_\_\_\_

DATE MM/DD/YY \_\_\_\_\_

Return by Email [info@csparks.org](mailto:info@csparks.org)

Return by Mail Carol Stream Park District, 849 W. Lies Rd. Carol Stream, IL 60188

PAGE 1/2

## Waiver & Release



The Carol Stream Park District is committed to conducting its recreation programs and activities safely 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 an inherent risk of injury when participating 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, specific 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, the Carol Stream Park District can't guarantee absolute safety.

### WAIVER & 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 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.

**By registering for this program and acknowledging via signature below, 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**

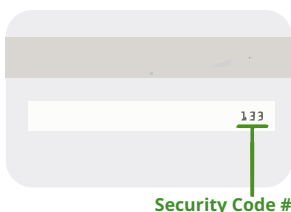
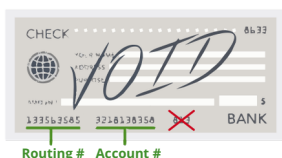
**Parent/Guardian Signature**

**Date MM/DD/YY**

### Enrollment For

- ☐ **ActivKids**  
☐ **Adult Trips & Events**  
☐ **Camp**  
☐ **Dance**  
☐ **Fitness**  
☐ **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 # \_\_\_\_\_

### Primary Debit/Credit Card Payment Authorization

Card Holder's Name \_\_\_\_\_

Card Number (last 4 digits) \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

### Secondary Debit/Credit Card Payment Authorization

Card Holder's Name \_\_\_\_\_

Card Number (last 4 digits) \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

### 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 primary bank account or credit card account to cover each payment. I understand that if my primary bank account or credit card account fails to process, my secondary bank account or credit card account will automatically be charged. 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 Automatic Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the Automatic Payment option. Carol Stream Park District 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.

**I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment or debit/credit card.**

INTERNAL USE ONLY

STAFF INITIAL \_\_\_\_\_

DATE    /    /

☐ Payment Plan Updated

**Name (Print)**

**Signature**

**Date MM/DD/YY**

**RETURN BY EMAIL: INFO@CSPARKS.ORG**

**RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188**