

General Information

Camper's First Name: _____ Camper's Last Name: _____

D.O.B.: _____ Gender: _____ Grade (Fall '25): _____

Address: _____ City: _____

Mother/Guardian 1: _____ Cell Phone: _____

Mother/Guardian 1 D.O.B.: _____ Email: _____

Father/Guardian 2: _____ Cell Phone: _____

Father/Guardian 2 D.O.B.: _____ Email: _____

Camper T-Shirt Size: _____ SIZE OPTIONS: YS(6-8), YM (10-12), YL(14-16), AS, AM, AL

Week	Dates	Full-Time	T-Th	Hours Needed		
		5 days	2 days	9:00am-3:00pm	7am-9am	3pm-6pm
#1	June 2-6	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#2	June 9-13	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#3	June 16-20	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#4	June 23-27	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#5	*June 30-July 4	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#6	July 7-11	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#7	July 14-18	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#8	July 21-25	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#9	July 28-Aug 1	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
#10	Aug 4-8	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Weekly Fees (R/NR)	9am-3pm	7am-9am (AM Care)	3pm-6pm (PM Care)
Full Time (M-F)	\$179 / \$199	\$34 / \$42	\$49 / \$61
2-Days (T/Th)	\$108 / \$128	\$14 / \$17	\$20 / \$25
#5 *No Camp 7/4/25 (M-F)	\$144 / \$164	\$28 / \$36	\$40 / \$52

ALL ACTIVITIES AND DATES ARE SUBJECT TO CHANGE WITHOUT NOTICE

\$20 non-refundable deposit for each Week of Camp is due at time of registration. 10% discount for each additional sibling attending the same week of camp. Please be aware of the new registration closing dates. No registration for these weeks will be accepted after the date listed on the back.

Core Values: Teamwork . Integrity . Commitment . Service



CAMP WAUCONDA WAIVER & RELEASE

IMPORTANT INFORMATION

The Wauconda 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 Wauconda 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 Wauconda Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS 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 Wauconda Park District, including its officials, agents, volunteers and employees.

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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant Name (PRINT) _____ Parent/Guardian Signature _____ Date: _____

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.

BILLING

If paying by credit/debit card, please complete information below. For security protection, your full credit card number cannot be written on this form.

Credit/ Debit Card last 4 digits _____ CVC/CVV # _____ Primary Name the card is saved under _____

I authorize the Wauconda Park District to charge the saved credit/debit card listed to pay for my child's Camp payments. I understand that payments will be automatically deducted on the days listed below. Any declined payments will be placed on my account as a balance due and must be paid off immediately to continue enrollment in Camp.

Signature _____ Date _____

Credit/Debit Card Number MUST be entered in your online account as a saved Credit Card. To setup a new account or to add a new credit/debit card, follow the step below.

- Login to Wauconda Park District Online Registration
- Click My Account. Click Saved Credit Cards. Click Add a New Credit Card.
- Enter the credit/debit card number you want the payment(s) to be deducted from.

Weeks 1 and 2 will close on 5/23/25

Weeks 5 and 6 will close on 6/20/25

Weeks 9 and 10 will close on 7/18/25

Weeks 3 and 4 will close on 6/06/25

Weeks 7 and 8 will close on 7/03/25