



Camp Wauconda Registration Form

REGISTRATION BEGINS:

Residents: March 14, 2024

| Non-Resident: March 21, 2024



CAMP WAUCONDA 2024: K-5 CAMP

Household Last Name: _____ Today's Date: _____

Street Address: _____ City: _____ Zip: _____

Mother/Guardian 1: _____ Date Of Birth: _____

Cell Phone: _____ Email: _____

Father/Guardian 2 : _____ Date Of Birth: _____

Cell Phone: _____ Email: _____

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

Camper Date Of Birth: _____ Gender: _____ Grade (Fall ' 24): _____

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

Allergies (food, medicaton, seasonal) _____

In accordance with the American with Disability Act, are there any special accommodations or assistance requested.

If yes, please explain: _____

Week	Dates	Full-Time	M-W-F	Hours Needed			Registration Closes
		5 days	3 days	9:00am-3:00pm	7:00am-9:00am	3:00pm-6:00pm	
#1	June 3-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5/24/2024
#2	June 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5/24/2024
#3	June 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5/24/2024
#4	June 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6/14/2024
#5	*July 1-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6/14/2024
#6	July 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6/14/2024
#7	July 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/1/2024
#8	July 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/1/2024
#9	July 29-Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/29/2024
#10	Aug 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/29/2024
Weekly Fees (R/NR)		9:00am-3:00pm		7:00am-9:00am (AM Camp)		3:00pm-6:00pm (PM Camp)	
Full Time (M-F)		\$165 / \$185		\$32 / \$40		\$47 / \$59	
3 Days (M-W-F)		\$108 / \$128		\$20 / \$25		\$30 / \$38	
*No Camp 7/4/24 (M-F)		\$132 / \$152		\$26 / \$31		\$38 / \$46	

- \$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 registration closing dates.
- No registration will be accepted after the closing dates listed.

WAUCONDA PARK DISTRICT – WAIVER FORM

IMPORTANT INFORMATION

The Wauconda Park District is committed to conducting its recreation programs 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.

You are solely responsible for determining if you or your minor child/ward 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.

WARNING OF RISK

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/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exists. In this regard, it must be recognized that 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, 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 (hereinafter collectively referred as "Wauconda Park District").

PARTICIPATION WILL BE DENIED if the signature of the parent/guardian and date are not on this waiver.

PRINT PARTICIPANTS NAME

PARENT / GUARDIAN SIGNATURE