

2010 K-5 SUMMER CAMP



Please circle the weeks and fees for which you are registering your child.

Camper's Name: _____ Male Female

Address: _____ Town/Zip: _____

Phone #1: _____ Phone #2: _____

Birthdate: _____ Age: _____ Grade Entering in Fall: _____ Resident Non-Resident

Parent's Name: _____

E-Mail Address: _____

Please remember you are only registered for the weeks that are paid.

WEEK	DATES	FEES DUE	3-DAY Resident/ Non-Res	4-DAY Resident/ Non-Res	5-DAY Resident/ Non-Res	Circle Attendance Days	FIELD TRIP? BREAKFAST	TOTAL	STAFF INITIALS Date Paid
Pre	June 7-11	May 21	\$67R/\$77NR #2100.203	\$85R/\$95NR #2100.204	\$100R/\$110NR #2100.205	M T W Th F			
	Extended Care	May 21	\$32R/\$34NR #2200.203	\$42R/\$44NR #2200.204	\$52R/\$54NR #2200.205	M T W Th F	#2200.206 3/\$7.50 4/\$11.25 5/\$15		
1	June 14-18	June 4	\$67R/\$77NR #2101.203	\$85R/\$95NR #2101.204	\$100R/\$110NR #2101.205	M T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	June 4	\$32R/\$34NR #2201.203	\$42R/\$44NR #2201.204	\$52R/\$54NR #2201.205	M T W Th F	#2201.206 3/\$7.50 4/\$11.25 5/\$15		
2	June 21-25	June 11	\$67R/\$77NR #2102.203	\$85R/\$95NR #2102.204	\$100R/\$110NR #2102.205	M T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	June 11	\$32R/\$34NR #2202.203	\$42R/\$44NR #2202.204	\$52R/\$54NR #2202.205	M T W Th F	#2202.206 3/\$7.50 4/\$11.25 5/\$15		
3	June 28-July 2	June 18	\$67R/\$77NR #2103.203	\$85R/\$95NR #2103.204	\$100R/\$110NR #2103.205	M T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	June 18	\$32R/\$34NR #2203.203	\$42R/\$44NR #2203.204	\$52R/\$54NR #2203.205	M T W Th F	#2203.206 3/\$7.50 4/\$11.25 5/\$15		
4	July 6-9	June 25	\$67R/\$77NR #2104.203	\$85R/\$95NR #2104.204		T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	June 25	\$32R/\$34NR #2204.203	\$42R/\$44NR #2204.204	\$52R/\$54NR #2204.905	M T W Th F	#2204.206 3/\$7.50 4/\$11.25 5/\$15		
5	July 12-16	July 2	\$67R/\$77NR #2105.203	\$85R/\$95NR #2105.204	\$100R/\$110NR #2105.205	M T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	July 2	\$32R/\$34NR #2205.203	\$42R/\$44NR #2205.204	\$52R/\$54NR #2205.205	M T W Th F	#2205.206 3/\$7.50 4/\$11.25 5/\$15		
6	July 19-23 +\$7 for W field trip	July 9	\$67R/\$77NR #2106.203	\$85R/\$95NR #2106.204	\$100R/\$110NR #2106.205	M T W Th F	Attending field trip? Yes add \$7 <input type="checkbox"/> No <input type="checkbox"/>	+\$7 for field trip	
	Extended Care	July 3	\$32R/\$34NR #2206.203	\$42R/\$44NR #2206.204	\$52R/\$54NR #2206.205	M T W Th F	#2206.206 3/\$7.50 4/\$11.25 5/\$15		
7	July 26-30	July 16	\$67R/\$77NR #2107.203	\$85R/\$95NR #2107.204	\$100R/\$110NR #2107.205	M T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	July 16	\$32R/\$34NR #2207.203	\$42R/\$44NR #2207.204	\$52R/\$54NR #2207.205	M T W Th F	#2207.206 3/\$7.50 4/\$11.25 5/\$15		
8	Aug 2-6 +\$7 for W field trip	July 23	\$67R/\$77NR #2108.203	\$85R/\$95NR #2108.204	\$100R/\$110NR #2108.205	M T W Th F	Attending field trip? Yes add \$7 <input type="checkbox"/> No <input type="checkbox"/>	+\$7 for field trip	
	Extended Care	July 23	\$32R/\$34NR #2208.203	\$42R/\$44NR #2208.204	\$52R/\$54NR #2208.205	M T W Th F	#2208.206 3/\$7.50 4/\$11.25 5/\$15		
9	Aug 9-13	July 30	\$67R/\$77NR #2109.203	\$85R/\$95NR #2109.204	\$100R/\$110NR #2109.205	M T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	July 30	\$32R/\$34NR #2209.203	\$42R/\$44NR #2209.204	\$52R/\$54NR #2209.205	M T W Th F	#2209.206 3/\$7.50 4/\$11.25 5/\$15		
10	Aug 16-20	Aug 6	\$67R/\$77NR #2110.203	\$85R/\$95NR #2110.204	\$100R/\$110NR #2110.205	M T W Th F	Attending field trip? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Extended Care	Aug 6	\$32R/\$34NR #2210.203	\$42R/\$44NR #2210.204	\$52R/\$54NR #2210.205	M T W Th F	#2210.206 3/\$7.50 4/\$11.25 5/\$15		
ALL	Pool Pass For campers w/o Family Pool Pass	Campers w/1st registration	\$45	#6000.204	<i>Please read and sign other side</i> ▶			\$45	

BUTTERFIELD PARK DISTRICT
21w730 Butterfield Rd
Lombard, IL 60148
630-858-2229
FAX 630-858-2234
www.butterfieldpd.com

If participant has special needs, please let us know by attaching a separate sheet to this form.

CASH CHECK VISA MASTERCARD

CARD # _____

EXP DATE _____

V-CODE (last 3 digits on back) _____

SIGNATURE _____

Butterfield Park District Waiver and Release

IMPORTANT INFORMATION

The Butterfield Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in regard. The Butterfield 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 the above listed programs/activities 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 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

Recreational activities/programs 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/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Butterfield 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 the Butterfield Park District identified programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 these programs/activities against the Butterfield Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Butterfield Park District).

I do hereby fully release and forever discharge the Butterfield 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 me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

PHOTO RELEASE

By registering for any Park District program I agree to allow publication of any photos taken at any program, event, or facility of the Butterfield Park District.

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 via fax my facsimile signature will substitute for and have the same legal effect as an original form signature.

AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned, hereby agree to allow the individual(s) name hereon to participate in the Butterfield Park District activities.

I certify that to the best of my knowledge, the participants named hereon is/are physically fit and able to engage in Recreation Services Division activities.

In case of emergency, I give my permission for emergency medical treatment.

This form shall be considered valid until cancelled or changed in writing by the undersigned parent/guardian/participant.

My signature acknowledges that I understand and agree to the above conditions.

I have read and understand the waiver and release on this form.

Signature

Full Name Printed

Date

My relationship to participant(s)