

2008 CCFPD Summer Camp Registration Form

Child's Name _____ Nickname (for nametag) _____ Gender(M/F) _____ Date of Birth _____ Grade Completed in May 08 _____

Parent/Guardian Names _____

Mailing Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____ E-mail Address _____

T-Shirt Size: (Circle One) Youth XS(2/4) Youth S(6/8) Youth M(10/12) Youth L(14/16) Adult S Adult M

Same-Day Request: _____

If you would like to attend Eco-Adventures on the same day as another family, please list their child's name(s). We do our best to accommodate requests as space allows. (Note: We cannot guarantee that they will be placed in the same age group.)

| Mark 'X' | Program Name | | | | Price |
|---|---|------------------------|------------------------|------------------------|----------------------|
| | Eco-Adventures - <i>Write in the day and time for your 1st, 2nd and 3rd choice.</i> | 1 st Choice | 2 nd Choice | 3 rd Choice | \$30 |
| | Grand Prairie Kids <i>Circle the date or dates you want to sign up for:</i> | June 18 | July 9 | July 23 | \$5 per date = _____ |
| | Garden Adventures | | | | \$35 |
| | Tiny Tot Garden Adventures | | | | \$30 |
| I would like to order additional t-shirt(s) for my child. Number: _____ X \$5/each = | | | | | |
| Amount Enclosed | | | | | |

Important Information:

Preferred Hospital/Emergency Clinic: _____

Allergies (including food allergies), dietary restrictions, and special needs: _____

Medications currently taking: _____

Any other things we should know about your child: _____

These individuals, in addition to the parents/guardians listed above, have permission to pick up my child from their program: (these individuals will also be emergency contacts if parent/guardian is unreachable.)

Name _____ Relationship _____ Daytime phone _____

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How did you hear about this program? Please mark all that apply.

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> CCFPD Brochure | <input type="checkbox"/> Website | <input type="checkbox"/> Newspaper/Radio | <input type="checkbox"/> Attended Past Program |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> School | <input type="checkbox"/> Urbana Leisure Guide | <input type="checkbox"/> Funformation (Champaign Park District) |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ | | |

Credit Card Payment Information (A receipt of this transaction will be mailed to you.)

Name (as listed on card) _____ Mailing Address (if different from above) _____

Type: MasterCard or Visa accepted _____ Number _____ Exp. Date _____

For Office Use Only: Date Received _____ Check Number _____ Payment Amount _____

Waivers signed: Photo _____ Program _____ Copy to: EE HE MU Date _____

Photo Waiver and Release Form

I hereby give the Champaign County Forest Preserve District permission to use photo images of the below listed participant and/or guardian for the purpose of promoting the Champaign County Forest Preserve District's programs in publication and on the Web. I agree that the images become the exclusive property of the Champaign County Forest Preserve District and waive all rights thereto. *For privacy and protection of your child/ward his or her name will not be used on the Web.*

Participant's Name - PLEASE PRINT

Parent/Guardian Signature

Date

Program Waiver and Release Form

IMPORTANT INFORMATION

The Champaign County Forest Preserve District is committed to conducting its recreation programs and activities in a safe manner and hold the safety of participants in high regard. The Champaign County Forest Preserve 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 Champaign County Forest Preserve 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 Champaign County Forest Preserve District, including its officials, agents, volunteers and employees.

I authorize the Champaign County Forest Preserve District staff to take whatever emergency medical measures are deemed necessary for the protection of my child while she/he is in their care. I understand that this authorization includes calling the physician listed below, implementing his/her instructions and transporting my child by ambulance to a hospital or clinic if I am unable to be reached. I understand that I must pay any and all expenses incurred in such visits.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant's Name - PLEASE PRINT

Parent's/Guardian's Signature

Date

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF A PARENT/GUARDIAN AND DATE ARE NOT ON THIS PROGRAM WAIVER & RELEASE FORM.