

2024 Camp and Summer Clinic/Program Registration Form

Fill out all required parts of this form carefully by completing both pages. Incomplete or inaccurate information will delay your registration. **New registrants may be required to show proof of residency when registering. See the Camp Registration Info page for valid forms accepted for proof of residency.** See the Camp Registration and Payment Information pages for important registration information and refund policy.

1 Fill in information for head of household – please print

Parent/Guardian Name _____
Address _____ City _____ Zip _____
Home Phone _____ Business Phone _____ Email _____

2 Camp and Program Totals

Complete information for each participant on the other side of this form and enter the amounts. Both pages must be included in order to register all participants.

*Deposits and full payments may be paid by cash, check or credit card. If you are choosing the Camp Payment Plan option, you must provide credit card information in Section 4 for the balance due. Balance will be charged the 2nd of every month for three consecutive months.

	Fee	Deposit	Balance Due (fee less deposit)
Participant #1 totals			
Participant #2 totals			
TOTALS (add each column)			

3 Complete payment information (make checks payable to the Glenview Park District)

Total of fees & deposit you are paying today \$ _____ Balance due \$ _____
____ Visa ____ MasterCard ____ Discover ____ Cash ____ Check Card holder (print name) _____
Card Number _____ - _____ - _____ - _____ Authorized Signature _____
Exp. Date _____ ☐ I authorize the Glenview Park District to charge my balance due.

4 Sign the Waiver

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

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/vehicle operation, 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 Glenview Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Glenview Park District").

I do hereby fully release and forever discharge the Glenview 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 this program/activity.

I understand that photos and videos are periodically taken of people participating in Glenview Park District programs and activities and I agree that any photograph or videotape taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purposes including its electronic media, videotapes, brochures, fliers and other publications without additional prior notice, permission or compensation to the participant.

I have read and fully understand the above important information, the refund, transfer and program policies, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

X

Signature of Participant or Parent (if participant is under 18 years)

Date

5 Return your form to the park district: Park Center, 2400 Chestnut Ave., Glenview, IL 60026 • Fax: 847-657-6231. Resident Priority Registration: 9 AM, 1/11-1/15 • General Registration Begins: 9 AM, 1/16

Participant Information

Fill in information for each participant – please print. Camps costing \$200 or more are eligible for the Payment Plan option as described on page 3. Beginning March 15, fees must be paid in full. Camps costing \$199 or less must be paid in full. Summer clinics/programs must be paid for in full when registering.

Register before March 15 and pay the deposit to be automatically enrolled in a monthly payment plan. Payments are equally distributed and changed to the designated credit card the 2nd of every month for the next three consecutive months. Enter totals for each participant in Section 2 (Camp & Program Totals) on the previous page.

Payment Plan deposit amounts:

\$75 per section per camper for camps costing \$200 or more
\$25 per section per camper for REGISTER BY THE WEEK DAY CAMPS (Playtime Pals, Sun Troopers and Fun Quest).

Participant #1

First & Last Name _____ Gender _____ Birthdate _____ Grade on 1/2024 _____

Activity #	Camp/Program Name	Fee	Deposit	Balance Due
CAMP AND PROGRAM TOTALS (transfer amounts to previous page)				

In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of this program:

☐ Check to indicate participant requires assistance from NSSRA.

Participant #2

First & Last Name _____ Gender _____ Birthdate _____ Grade on 1/2024 _____

Activity #	Camp/Program Name	Fee	Deposit	Balance Due
CAMP AND PROGRAM TOTALS (transfer amounts to previous page)				

In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of this program:

☐ Check to indicate participant requires assistance from NSSRA.