

# FVSRA Summer Day Camp 2011 Registration Form

BE SURE TO COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please <b>CHECK</b> Camp/Program		For Office Use ONLY					
✓	Camp/Program Name	Sch Awd	D/C/N	Date	Ck#	Amt	Bal
	Camp Lil' Stars						
	Camp Rising Stars						
	Camp Shining Stars						
	Camp All Stars						
	Camp Rock Stars						
	Camp Beyond the Stars						

Please **CHECK** registration choice(s)

Week(s)	✓	A Full Day Trans (D/D) Residents	✓	B Full Day No Trans Res/Non-Res	✓	C Half Day (PM) Trans (One Way) Residents	✓	D Half Day (PM) No Trans Res/Non-Res
June 13 - August 4 (All 8 weeks) <b>No Camp Mon. July 4</b>		\$1898		\$998/2535		\$1050		\$600/1522
June 13 - June 16		\$245		\$129/327		\$136		\$78/196
June 20 - June 23		\$245		\$129/327		\$136		\$78/196
June 27 - June 30		\$245		\$129/327		\$136		\$78/196
July 5 - July 7 <b>No Camp Mon. July 4</b>		\$184		\$97/245		\$102		\$59/148
July 11 - July 14		\$245		\$129/327		\$136		\$78/196
July 18 - July 21		\$245		\$129/327		\$136		\$78/196
July 25 - July 28		\$245		\$129/327		\$136		\$78/196
August 1 - August 4		\$245		\$129/327		\$136		\$78/196

**TRANSPORTATION IS DOOR TO DOOR.** Please provide information regarding pick-up and drop-off location and contact.

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pick-Up Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Drop-Off Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PAYMENT — PAYMENT IN FULL IS REQUIRED FOR REGISTRATION.** **Total Camp Fees Due:** \_\_\_\_\_

IF PAYING BY CREDIT CARD:  Visa  MasterCard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

(REQUIRED for credit card payment)

I grant FVSRA permission to contact participant's teacher.

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size:

<input type="checkbox"/> Adult	<input type="checkbox"/> Sm	<input type="checkbox"/> Med	<input type="checkbox"/> LG	<input type="checkbox"/> XLG	<input type="checkbox"/> 2XL	<input type="checkbox"/> 3XL
<input type="checkbox"/> Child	<input type="checkbox"/> Sm	<input type="checkbox"/> Med	<input type="checkbox"/> LG			

**OPTIONAL**

Complete this section for Photo Permission



**PERMISSION TO PHOTOGRAPH AND GATHER ADDITIONAL INFORMATION**

I grant permission to FVSRA to take photograph(s) of participant for Association publicity, release information from this registration form and gather additional information from professionals that would possibly enhance the participant's recreational involvement. All information will be kept confidential.

Participant's Signature: X \_\_\_\_\_

(18 years or older or Parent/Guardian)

**NOTE:** When registering by FAX, it is mutually understood that the facsimile registration document (including the Waiver & Release of All Claims) shall substitute for, and have the same legal effect, as the original form.

# FVSRA Summer Day Camp 2011 Registration Waiver

Fox Valley Special Recreation Association  
2121 W. Indian Trail • Aurora, IL 60506  
Ph: 630.907.1114 • F: 630.907.1116 • www.fvsra.org

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

(for statistical purposes)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Park District: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Home #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

I would like to receive FVSRA program and news updates via email. Email Address (print clearly): \_\_\_\_\_

I would like to donate to the FVSRA Foundation. Please accept my donation of \$ \_\_\_\_\_

Is this a new address?  Yes  No      Will participant be responsible for self-medication?  Yes  No  
Is this a new phone number?  Yes  No      Will staff need to administer medication?  Yes  No  
Is this a new participant?  Yes  No      Is participant requesting a scholarship?  Yes  No

Registration deadline for residents is **Friday, May 13, 2011**. Non-resident registrations will be processed after May 13.

## IMPORTANT INFORMATION

The Fox Valley Special Recreation Association (FVSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The FVSRA 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

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 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. 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 exist. In this regard, it must be recognized that it is impossible for the FVSRA 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 it and participating in the FVSRA Summer 2011 activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or losses 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 that 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 FVSRA, including its officials, agents, volunteers, and employees (hereinafter collectively referred as "FVSRA").

I do hereby fully release and forever discharge the FVSRA from any and all claims for injuries, damages, or losses 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 have read and fully understand the above Important Information, Warning of Risk, Waiver, and Release of All Claims and Assumption of Risk. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Sign & Date  
Waiver Here



Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Print)

Participant's Signature: X \_\_\_\_\_

(18 years or older or Parent/Guardian)

REQUIRED

**PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN IS NOT ON THIS WAIVER.**