



CAMP ARLINGTON 2019

Registration Form

One registration form per child. Register online at www.ahpd.org
or in-person at any AHPD community center.

Child's First Name: _____ Child's Last Name: _____ Gender: M F

Home Phone: _____ Cell Phone: _____

Street Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Email: _____ Child's Grade in Fall 2019: _____

Payer's Information: Payer's Name: _____ Date of Birth: _____

Payer's address (if different than above): _____

Emergency Contact Name: _____ Phone: _____

Medical Information – Allergies, etc: _____

Dates: June 12 – 28

Location: South Middle School

___ AM Extended #21848 \$139 7-9am

___ Day Camp #21847 \$209 12-3pm

___ PM Extended #21849 \$209 3-6pm

In accordance with the American with Disabilities Act, are there any special accommodations or assistance requested If yes, please explain: _____

Total Due at Time of Registration: _____ Payment Type: ___ Cash ___ Check ___ Bank Charge

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that signing up and participating in this program, 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 may sustain as a result of participating in any and all activities connected with and associated with this program (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, 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 against the Arlington Heights Park District, including its officials, agents, volunteers and employees. **PARTICIPATION WILL BE DENIED if the signature of parent/guardian and date are not on this waiver.**

PLEASE PRINT Participant's Name _____

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

Parent/Guardian Signature _____ Date _____