



Salt Creek Park District: Summer Camp 2024 Registration Form

Circle all that apply -- ONE FORM PER CHILD

Sunshine (M-F)	I	II	III	IV	Teen (MWF)	I	II	III	IV
Partly (MWF)	I	II	III	IV	Teen (T/TH)	I	II	III	IV
Fun (T/TH)	I	II	III	IV	Tot (T/TH)	I	II	III	

T-shirt Size (circle): YXS YS YM YL AS AM AL AXL Extra Shirt (\$7)? Y or N (How Many? ____)

*Session I must be paid in full on day of registration

*Deposit is not applied to balance & non-refundable

Paying in full for Session II and/or III and/or IV?

Yes No

Deposit: \$50 (Session II) \$50 (Session III) \$50 (Session IV)

Camper Last Name: _____ Camper First Name: _____

Gender: M F Birthdate: ____/____/____ Age: _____ Fall '24 Grade: _____

Parent/Guardian Name(s) _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone Number(s): _____

NAME	PHONE NUMBER	RELATION TO CAMPER

Emergency Contacts/Authorized Pick-up (In the order you want us to call)

List anyone who **CANNOT** pick-up your child: _____

Does your camper have any allergies/health conditions (EX. peanut allergy, ADHD, etc.)? YES NO

If yes, what are they? _____

Will your child be on any medication during camp? YES NO (If yes, fill out Permission to Dispense Medication form)

I GIVE MY CHILD PERMISSION TO WATCH (CIRCLE ALL THAT APPLY): G-Movies PG-Movies PG-13 Movies

Do we have your permission to include your child in photos, videos and/or social media? YES NO

Waiver and Release of All Claims and Assumption of Risk/Photo Release: Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Salt Creek Rural Park District's program(s), you will be waiving any and all claims you or your minor child/ward might sustain as a result of participating in any and all activities at any facility connected with and associated with this program/activity (including transportation services 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 do hereby fully release and forever discharge the Salt Creek Rural Park District, its officers, agents, servants and employees from any and all claims for injuries, damages, or loss that may occur due to the participation of myself or my minor child/ward in any Salt Creek Rural Park District Program(s). I further agree to defend, indemnify and hold harmless the park district, its officers, agents, servants and employees.

The Salt Creek Park District complies with the **Americans with Disabilities Act (ADA)**, which prohibits discrimination in the provision of programs, services or activities to individuals with disabilities. We welcome individuals with disabilities into our programs and invite you to contact our staff upon registration so that a smooth inclusion process may occur for any child with a disability. Please note any information that may be helpful for us to provide you with necessary accommodations: _____

Would you like our staff to contact you regarding a one on one aide for your child? YES NO

Signature of Parent of Guardian: _____ Date: _____

Camper Last Name: _____ Camper First Name: _____

NOTE: The \$50 deposit for both session II, III and IV are non-refundable and will not be applied to your final balance

Payment Schedule & Information:

Session I must be paid in full at time of registration, **NO REFUND AFTER May 31st**

Session II paid in full by: May 1st, **NO REFUND AFTER June 21st**

Session III paid in full by: May 31st, **NO REFUND AFTER July 12th**

Session IV paid in full by: June 30th, **NO REFUND AFTER AUGUST 2ND**

Camp Sunshine (M-F): Twin Lakes Pavilion 2 NO CAMP: 7/3 & 7/4

Code:	Session Dates:	Price:	Total Due:	Total Paid:
202200-01	I (6/3-6/21)	\$382NR/\$352R		
202200-02	II (6/24-7/12)	\$319NR/\$293R		
202200-03	III (7/15-8/2)	\$382NR/\$352R		
202200-04	IV (8/5-8/23)	\$382NR/\$352R		

NO CAMP: 7/3

Partly Sunny (MWF): Twin Lakes Pavilion 2

Code:	Session Dates:	Price:	Total Due:	Total Paid:
202500-01	I (6/3-6/21)	\$265NR/\$238R		
202500-02	II (6/24-7/12)	\$226NR/\$202R		
202500-03	III (7/15-8/2)	\$265NR/\$238R		
202500-04	IV (8/5-8/23)	\$265NR/\$238R		

Fun in the Sun (T/TH): Twin Lakes Pavilion 2 NO CAMP: 7/4

Code:	Session Dates:	Price:	Total Due:	Total Paid:
202300-01	I (6/4-6/20)	\$214NR/\$178R		
202300-02	II (6/25-7/11)	\$178NR/\$148R		
202300-03	III (7/16-8/1)	\$214NR/\$178R		
202300-04	IV (8/6-8/22)	\$214NR/\$178R		

Teen (MWF): Grealish Park NO CAMP: 7/3

Code:	Session Dates:	Price:	Total Due:	Total Paid:
202400-01	I (6/3-6/21)	\$265NR/\$238R		
202400-02	II (6/24-7/12)	\$226NR/\$202R		
202400-03	III (7/15-8/2)	\$265NR/\$238R		
202400-04	IV (8/5-8/23)	\$265NR/\$238R		

Teen (T/TH): Grealish Park NO CAMP: 7/4

Code:	Session Dates:	Price:	Total Due:	Total Paid:
202400-05	I (6/4-6/20)	\$214NR/\$178R		
202400-06	II (6/25-7/11)	\$178NR/\$148R		
202400-07	III (7/16-8/1)	\$214NR/\$178R		
202400-08	IV (8/6-8/22)	\$214NR/\$178R		

Tot Camp (T/TH AM): Rose Park NO CAMP: 7/4

Code:	Session Dates:	Price:	Total Due:	Total Paid:
202100-01	I (6/4-6/20)	\$178NR/\$154R		
202100-02	II (6/25-7/11)	\$148NR/\$128R		
202100-03	III (7/16-8/1)	\$178NR/\$154R		

EXTENDED HOURS: Circle Session(s):	Times:	Pricing:
Camp Sunshine (M-F) I II III	7-9am	\$110
	8-9am	\$60
	3:30-4:30pm	\$60
	3:30-5:30pm	\$110
Partly Sunny (MWF) + Teen (MWF) I II III	7-9am	\$70
	8-9am	\$40
	3:30-4:30pm	\$40
	3:30-5:30pm	\$70
Fun in the Sun (T/TH) + Teen (T/TH) I II III	7-9am	\$50
	8-9am	\$30
	3:30-4:30pm	\$30
	3:30-5:30pm	\$50

***Office use only**

Deposit(s): \$ _____ Extra T-Shirt(s): \$ _____ Extended Hours: \$ _____ Camp Total:
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OFFICE NOTES:
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