

WOOD DALE PARK DISTRICT
2023 Summer Camp Registration Form
Funshine Summer Camp

Camper Information		
Last Name:	First Name:	Primary Phone:
Address:	City:	Zip:
Child's Birth Date: ____/____/____	Child's Age (as of 6/1/23): _____	Sex: ___ M ___ F

Parent/Guardian E-mail: _____	<input type="checkbox"/> Received Parent Guide
(Please note, this address will receive the ePACT invite after registration)	
Language(s) Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Others _____	

Please check off the options for the weeks you are selecting:

Week 1 (6/12 – 6/16)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____
Week 2 (6/19 – 6/23)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____
Week 3 (6/26 – 6/30)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____
Week 4 (7/3 – 7/7) <i>*No Camp July 4</i>	<input type="checkbox"/> FULL WEEK (M,W – F) <input type="checkbox"/> Monday, Wednesday & Friday	Receipt# _____
Week 5 (7/10 – 7/14)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____
Week 6 (7/17 – 7/21)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____
Week 7 (7/24 – 7/28)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____
Week 8 (7/31 – 8/4)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____
Week 9 (8/7 – 8/11)	<input type="checkbox"/> FULL WEEK <input type="checkbox"/> Monday, Wednesday, Friday	Receipt# _____

WAIVER & RELEASE OF ALL CLAIMS & 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.

- I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation.
- I understand that the selection of programs shall be my responsibility, and that the Wood Dale Park District, including its officials, employees, agents and volunteers (hereinafter collectively "District") shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.
- I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity.
- I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my minor child/ward 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, assumption of risk and waiver and release of all claims.

X _____
 Signature of Parent/Guardian 18 years old and older

 Date