



WOOD DALE PARK DISTRICT  
Active Places. Friendly Faces.

2024 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 6/1/24): _____	Sex: ____ M ____ F

Parent/Guardian E-mail: _____ (Please note, this address will receive the ePACT invite after registration)	<input type="checkbox"/> <b>Received Parent Guide</b>
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:			Post Camp Care
Week 1 (6/10 – 6/14)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 2 (6/17 – 6/21)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 3 (6/24 – 6/28)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 4 (7/1 – 7/5) *No Camp July 4	<input type="checkbox"/> FULL WEEK (M,Tu,W,F)	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 5 (7/8 – 7/12)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 6 (7/15 – 7/19)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 7 (7/22 – 7/26)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 8 (7/29 – 8/2)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day
Week 9 (8/5 – 8/9)	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> Monday, Wednesday, Friday	Reciept# _____
			<input type="checkbox"/> 5day <input type="checkbox"/> 3day

NOTES:

**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



# WOOD DALE PARK DISTRICT

***Active Places. Friendly Faces.***

## **2024 Summer Camp Parent/Guardian Communication & Registration Agreement**

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

Parent/Guardian's Name: \_\_\_\_\_

- I read the Summer Camp Parent Guide carefully.
- I understand that I risk being placed on a waitlist if I do not sign up my child for all weeks of camp at my original registration time.
- I understand I am required to have a credit card on file that will be automatically charged on the Friday before my week of camp. If that credit card declines, there is a \$10 penalty fee.
- I understand that if my payment is not completed by end of day Friday, my child cannot attend the next week.
- I understand the registration deadline to add a week of camp is Thursday by noon before each camp week if spots are available. Late registrations will incur a \$15 late fee.
- I understand that withdraw/cancellation requests must be made in writing *only* to Kimberly McCarthy, Recreation Supervisor, at [kmccarthy@wdparks.org](mailto:kmccarthy@wdparks.org). The request **must** be made by Wednesday (3 business days before the week of camp that I want to cancel) to receive a refund minus a \$5 processing fee.
- I understand there is a \$10 administrative fee if my withdraw request is submitted after the Wednesday before the week of camp that I want to cancel.
- I understand that I will **not** receive a refund if I request to withdraw from camp during the week of camp that already started.
- I understand pro-rated refunds are not given for sick days, vacations, and missed days of camp.

**By signing this, I agree to the Summer Camp Parent/Guardian Communication and Registration Agreement.**

X \_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*