



Summer 2008 Day Camp Registration Form

Summer
2008

2121 W. Indian Trail
Aurora, IL 60506
Phone: (630) 907-1114 Fax: (630) 907-1116
Web Site: www.fvsra.org

Participant Name: _____ Age: _____ Birthdate: ____/____/____ Sex: ____ Race: _____
 Address: _____ City: _____ State: _____ Zip: _____ for statistical purposes
 Home Phone #: () _____ Park District: _____
 Father/Guardian Name _____ Cell Phone _____ Work Phone _____
 Mother/Guardian Name _____ Cell Phone _____ Work Phone _____
 Is this a new address? Yes No
 May we contact you via email about FVSRA programs and news? Yes No Email address: _____
 Are you a new participant? Yes No
 Will participant be responsible for self-medication during any programs? Yes No
 Will Staff need to administer medication during any programs? Yes No
 Are you requesting a scholarship? Yes No

NOTE: Each camper MUST HAVE a completed Annual Information Form (AIF) with registration for Summer Day Camp. Registration for programs will not be processed without a complete AIF and Summer 2008 Day Camp Registration Form. Both of these forms are located in this FVSRA Summer Day Camp booklet.

Priority will be given to participants registering for all eight weeks of camp through May 2 .
 Registration for all other participants will be processed after May 9 .

CIRCLE

Please circle the camp name, session fee, and transportation.

Camp Adventure
 Waubensee Chiefs
 Soaring Eagles
 Camp Dream Catchers

Camp Rising Stars
 Little Feathers

				<i>For Office Use Only</i>					
Sessions Circle the Weeks	Fees Resident/Non-Res	Door to Door Transportation Resident Only	Pick-Up Point Transportation Resident Only	Sch Awd	D/C/N	Date	CK #	Amt	Bal
June 16-August 7 ALL EIGHT WEEKS	\$928/2,350	\$1,688	\$1,384						
June 16-June 26	\$232/587	\$422	\$346						
June 30-July 10	\$232/587	\$422	\$346						
July 14-July 24	\$232/587	\$422	\$346						
July 28-August 7	\$232/587	\$422	\$346						

Payment in full is required with registration

Camp Fee	\$		T-Shirt Size: Adult	Child	CIRCLE	Sm	Med	LG	XLG	CIRCLE
Trans Fee	\$		Total: \$							

If you are requesting Door-to-Door, please provide information regarding pick-up and drop-off contact and location:

Contact Name & Relationship: _____ Phone: _____
 Pick Up Address: _____ City/Zip: _____
 Drop Off Address: _____ City/Zip: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

IF PAYING BY CREDIT CARD: Visa MasterCard Credit Card Number: _____

Expiration Date: _____ **Card Holder Signature:** _____
 (required for credit card payment):

Participation will be denied if the signature of adult participant or parent/guardian, and date are not on Waiver and Release of All Claims.

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.

OVER



Registration Waiver

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 2008 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).

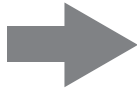
I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume that full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. 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.

REQUIRED

Sign & Date Waiver Here



Participant's Name: _____
(Print)

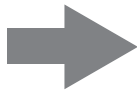
Participant's Signature: X _____
(18 years or older or Parent/Guardian)

Date: _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian are not on this waiver.

OPTIONAL

Complete this Section for Photo Permission



PERMISSION TO PHOTOGRAPH AND GATHER ADDITIONAL INFORMATION

Unless otherwise indicated in writing at the time of registration, photographs of participant may be taken and used for Association publicity. I grant permission to FVSRA to release information from my 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)