

# FVSRA Summer Day Camp 2020 Registration Form

BE SURE TO COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please CHECK Camp

		For Office Use ONLY				
		Sch Awd	D/C/N	Date	Ck#	Amt
<b>North Region</b> <small>(South Elgin, St. Charles, Geneva, Batavia)</small>	<b>South Region</b> <small>(North Aurora, Aurora, Montgomery, Oswego, Sugar Grove)</small>					
<input type="checkbox"/> Little Stars North (3-6 years)	<input type="checkbox"/> Little Stars South (3-6 years)					
<input type="checkbox"/> Rising Stars (7-12 years)	<input type="checkbox"/> Shining Stars (7-12 years)					
<input type="checkbox"/> All Stars (13-22 years)	<input type="checkbox"/> Rock Stars (13-22 years)					

Visit [fvsra.org/registration](https://fvsra.org/registration) to register online.

Please Check registration choice(s)

Campers must register at least 10 days prior to starting camp to ensure safety needs.

Camp Week	Resident Fees		Non-Resident Fees
	Early Bird (Through May 1 <sup>st</sup> )	Regular Fees (Begin May 2 <sup>nd</sup> )	Regular Fees (Begin April 6 <sup>th</sup> )
<b>All 7 Weeks</b> (June 8 - July 30)	\$1070	\$1,210	\$1,605
<b>Week 1</b> (June 8 - 11)	\$160	\$180	\$240
<b>Week 2</b> (June 15 - 18)	\$160	\$180	\$240
<b>Week 3</b> (June 22 - 25)	\$160	\$180	\$240
<b>No Camp June 29-July 2</b>			
<b>Week 4</b> (July 6 - 9)	\$160	\$180	\$240
<b>Week 5</b> (July 13 - 16)	\$160	\$180	\$240
<b>Week 6</b> (July 20 - 23)	\$160	\$180	\$240
<b>Week 7</b> (July 27 - 30)	\$160	\$180	\$240

Payment plans are only available when registering for all 7 weeks of camp. Payment for individual weeks is required at the time of registration.

Does your child utilize any special accommodations or equipment while using school transportation due to physical, emotional, or behavioral needs that would be helpful during transportation to and from swim outings and field trips?

☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

<b>PAYMENT — PAYMENT IN FULL IS REQUIRED FOR REGISTRATION.</b>		<b>Total Camp Fees Due:</b> _____	
<b>IF PAYING BY CREDIT CARD:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		<input type="checkbox"/> Discover <input type="checkbox"/> Amex	
<b>Credit Card Number:</b> _____		<b>Expiration Date:</b> _____ <b>CVV:</b> _____	
<b>Card Holder Signature:</b> _____			
<b>(REQUIRED for credit card payment)</b>			

☐ I grant FVSRA permission to contact participant's teacher.

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size:

<input type="checkbox"/> Adult	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> LG <input type="checkbox"/> XLG <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL	<input type="checkbox"/> Child	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> LG
--------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------	--------------------------------------------------------------------------------------

Please list all individuals who are authorized to pick up your camper: \_\_\_\_\_

\_\_\_\_\_

# FVSRA Summer Day Camp 2020 Registration Waiver

Fox Valley Special Recreation Association  
2121 W. Indian Trail • Aurora, IL 60506  
Ph: 630.907.1114 • F: 630.907.1116 • FVSRA.org

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
(for statistical purposes)  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Park District: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Home #: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
I would like to receive FVSRA program and news updates via email. Email Address (print clearly): \_\_\_\_\_  
I would like to donate to the FVSR Foundation. Please accept my donation of \$ \_\_\_\_\_

Is this a new address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will participant be responsible for self-medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a new phone number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will staff need to administer medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a new participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is participant requesting a scholarship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Only paper registrations will be accepted after Friday, May 22nd.**

## 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instructive or officiating, and other risks inherent to the particular activity. IN this regard, it is impossible for 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 Day Camp 2020 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 understand the FVSRA may photograph/videotape the events or activity in which I am (or my child/ward is) participating. I give my permission for the FVSRA to use photographs or videotape of me (or my child/ward) for the purpose of promoting the FVSRA and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/ward) at this time or in the future for the use of my (or my child/ward's) likeness.

If extenuating circumstances prohibit the use of my (or my child/ward's) likeness, please circle the following: **No Photo.**

In the event of an emergency, I understand and authorize FVSRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Important Information, Warning of Risk, Waiver, Assumption of Risk, and Release of All Claim. 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.

**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.**

<b>REQUIRED</b>	Sign & Date Waiver Here	Participant's Name: _____ Date: _____
		(Print)
		Participant's Signature: X _____ (18 years or older or Parent/Guardian)
	<b>PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN IS NOT ON THIS WAIVER.</b>	