

Hoffman Estates Park District Registration Form

Only one participant per form. Print all information neatly and carefully.

Location Key:

- TC:** Triphahn Center
- WRC:** Willow Recreation Center
- CLUB:** The Club at Prairie Stone™
- VOG:** Vogelei Barn
- LP:** Lincoln Prairie*
- EIS:** Eisenhower*
- CH:** Churchill*
- FAB:** Fabbri Park
- CWP:** Cottonwood Park
- DWF:** Dunham Woods Farm

for camp addresses visit heparks.org/camp

*Camp locations are subject to change.

Camper Name _____

Date of Birth ____ - ____ - ____ Gender _____ Grade in Fall 2019 _____

Family Name _____ Resident Non Resident

Primary Guardian Name _____ Date _____

E-mail _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ - _____ - _____

Secondary Phone _____ - _____ - _____

No camp July 4 & 5 during Week 5

Match symbols from camp to extended care! * ● ○ □ ■

Loc	Age/Grade	Day	Times	Fees Res/NonRes	Wk 5	Activity #	Week 1 6/3-6/7	Week 2 6/10-6/14	Week 3 6/17-6/21	Week 4 6/24-6/28	Week 5 7/1-7/3	Week 6 7/8-7/12	Week 7 7/15-7/19	Week 8 7/22-7/26	Week 9 7/29-8/2	Week 10 8/5-8/9
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Full Day Camps

Previously known as Discovery Camp

All Day K Camp ■	TC	5-6yrs	M-F	9:00A-3:30P	\$ 155 / 169	\$93/102	236115		B	C	D	E	F	G	H		
All Day K Camp ○	TC	5-6yrs	M-F	9:00A-3:30P	\$ 155 / 169		236115									I	J
Creative Arts Camp ■	LP	6-11yrs	M-F	9:00A-3:30P	\$ 155 / 169	\$93/102	235109		B	C	D	E	F	G	H		
Nature/Science Camp ●	VOG	6-11yrs	M-F	9:00A-3:30P	\$ 155 / 169	\$93/102	236112		B	C	D	E	F	G	H		
Explorers Camp 5-Day ■	LP	6-11yrs	M-F	9:00A-3:30P	\$ 155 / 169	\$93/102	236100		B	C	D	E	F	G	H		
Explorers Camp 5-Day □	WRC	6-11yrs	M-F	9:00A-3:30P	\$ 155 / 169	\$93/102	236102		B	C	D	E	F	G	H		
Explorers Camp 3-Day ■	LP	6-11yrs	Tu,W,F	9:00A-3:30P	\$ 102 / 111		236101		B	C	D		F	G	H		
Explorers Camp 3-Day □	WRC	6-11yrs	Tu,W,F	9:00A-3:30P	\$ 102 / 111		236101		B1	C1	D1		F1	G1	H1		
Teen Camp ●	EIS	11-13yrs	M-F	9:00A-3:30P	\$ 170 / 184	\$102/110	236105		B	C	D	E	F	G	H	I	
Teen Camp ○	TC	11-13yrs	M-F	9:00A-3:30P	\$ 170 / 184	\$102/110	236105										J
Teen Camp □	WRC	11-13yrs	M-F	9:00A-3:30P	\$ 170 / 184	\$102/110	236105		B1	C1	D1	E1	F1	G1	H1	I1	J1
Junior Sports Camp ●	CH	6-8yrs	M-F	9:00A-3:30P	\$ 170 / 184	\$102/110	237110		B	C	D	E	F	G	H		
Varsity Sports Camp ●	CH	9-12yrs	M-F	9:00A-3:30P	\$ 170 / 184	\$102/110	237113		B	C	D	E	F	G	H		
Figure Skating ■○	TC	6-16yrs	M-F	9:00A-3:00P	\$ 225		232132		A1	A2				A3	A4	A5	A6
Hockey Camp ■○	TC	5-15yrs	M-F	9:00A-3:00P	\$ 225 / 235		232470		A1	A2				A4	A5	A6	A7
Hockey Camp *	TC	5-15yrs	M-F	8:00A-3:00P	\$ 225 / 235		232470						A3				
Splash Down Camp ○	TC	6-13yrs	M-F	9:00A-3:30P	\$ 180 / 194		236112									I	J
All Stars Camp □	WRC	6-13yrs	M-F	9:00A-3:30P	\$ 180 / 194		236112									I1	J1
Adventure Camp ○	VOG	6-13yrs	M-F	9:00A-3:30P	\$ 180 / 194		236112									I2	J2

Extended Care

Early Arrival 5-Day ■	LP	5-13yrs	M-F	7:00-9:00A	\$ 39 / 42	\$23/25	236103		B	C	D	E	F	G	H		
Late Stay 5-Day ■*	LP	5-13yrs	M-F	3:30-6:00P	\$ 48 / 52	\$29/31	236104		B	C	D	E	F	G	H		
Early Arrival 3-Day ■	LP	5-13yrs	Tu,W,F	7:00-9:00A	\$ 25 / 27		236106		B	C	D		F	G	H		
Late Stay 3-Day ■*	LP	5-13yrs	Tu,W,F	3:30-6:00P	\$ 29 / 32		236107		B	C	D		F	G	H		
Early Arrival 5-Day ○	TC	5-13yrs	M-F	7:00-9:00A	\$ 39 / 42		236103									I	J
Late Stay 5-Day ○	TC	5-13yrs	M-F	3:30-6:00P	\$ 48 / 52		236104									I	J
Early Arrival 5-Day □	WRC	5-13yrs	M-F	7:00-9:00A	\$ 39 / 42	\$23/25	236103		B1	C1	D1	E1	F1	G1	H1	I1	J1
Late Stay 5-Day □	WRC	5-13yrs	M-F	3:30-6:00P	\$ 48 / 52	\$29/31	236104		B1	C1	D1	E1	F1	G1	H1	I1	J1
Early Arrival 3-Day □	WRC	5-13yrs	Tu,W,F	7:00-9:00A	\$ 25 / 27		236106		B1	C1	D1		F1	G1	H1		
Late Stay 3-Day □	WRC	5-13yrs	Tu,W,F	3:30-6:00P	\$ 29 / 32		236107		B1	C1	D1		F1	G1	H1		
Early Arrival 5-Day ●	CH	5-13yrs	M-F	7:00-9:00A	\$ 39 / 42	\$23/25	236103		B2	C2	D2	E2	F2	G2	H2		
Late Stay 5-Day ●	CH	5-13yrs	M-F	3:30-6:00P	\$ 48 / 52	\$29/31	236104		B2	C2	D2	E2	F2	G2	H2		



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Reasonable Accommodations?

Request NWSRA Assistance Request more information for accommodations N/A

The Hoffman Estates Park District works in collaboration with Northwest Special Recreation Association (NWSRA) to provide additional training to park district staff and when necessary, an inclusion aide to assist the registrant within the program. In order to provide the best customer service, please notify the park district at least **two weeks** prior to the start of the program. For requests received after that time frame, the best efforts will be made to accommodate the registrant.

Does the participant have any allergies we should be aware of? YES NO

If yes, please list details on emergency card.

I give permission for HE Parks staff to assist my child in applying sunscreen if necessary. YES NO

Note that campers **MUST** bring their own sunscreen to camp.

For Your Child's Safety Please list anyone that **DOES NOT** have authorization to pick up your child, if any:

Payment Check # _____ Credit Card: Visa MasterCard Discover American Express

Cardholder Name: _____

Charge Amount: _____ Card # _____ Exp. Date ___ / ___ / ___ CVV # _____

(Total from Other Side)

Signature _____

Waiver & Release Of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s), you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Park District program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss of which 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 the activities of the program(s).

I further agree to indemnify and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

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

Parent Signature _____ Date _____