



Hoffman Estates Park District Registration Form

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

SIDE 1 OF 2



Location Key:

- ARM:** Armstrong School
- EIS:** Eisenhower School
- MUIR:** Muir School
- TC:** Triphahn Center
- VOG:** Vogelei Barn
- WRC:** Willow Rec Center



DEADLINE & PAYMENT INFO Registration closes every Thursday at Noon for the following week of camp. No late registrations will be accepted after the registration deadline. Full payment is due at the time of registration for each camp session. A \$5 sibling discount is available for each full day camp session/week. Sibling discount does not apply to early arrival, late stay or online registration. Registration must be taken in person to get a sibling discount.

Camper Name _____

Date of Birth ____ - ____ - ____ Gender _____ Grade in Fall 2020 _____

Family Name _____

Resident Non Resident Primary Guardian Name _____ Date _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Primary Phone _____ - _____ - _____

Secondary Phone _____ - _____ - _____

Match symbols from camp to extended care!

- ● □ ■

No camp July 3 during Week 5

Full Day Camps	Loc	Age/Grade	Day	Times	Fees Res/NonRes	Wk 5	Activity #	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10
								6/1-6/5	6/8-6/12	6/15-6/19	6/22-6/26	6/29-7/2*	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7
■ All Day K Camp	TC	5-6yrs	M-F	9:00A-3:30P	\$ 155 / 171 \$124/136	236115	A	B	C	D	E	F	G	H	I*	J*	
□ All Day K Camp	WRC	5-6yrs	M-F	9:00A-3:30P	\$ 155 / 171 \$124/136	236115	A1	B1	C1	D1	E1	F1	G1	H1	I1	J1	
■ Explorers Camp 5-Day	MUIR	6-11yrs	M-F	9:00A-3:30P	\$ 160 / 176 \$128/141	236100	A	B	C	D	E	F	G	H			
□ Explorers Camp 5-Day	WRC	6-11yrs	M-F	9:00A-3:30P	\$ 160 / 176 \$128/141	236102	A	B	C	D	E	F	G	H			
■ Explorers Camp 3-Day	MUIR	6-11yrs	Tu,W,F	9:00A-3:30P	\$ 105 / 116	236101	A	B	C	D		F	G	H			
□ Explorers Camp 3-Day	WRC	6-11yrs	Tu,W,F	9:00A-3:30P	\$ 105 / 116	236101	A1	B1	C1	D1		F1	G1	H1			
● Teen Camp	EIS	11-13yrs	M-F	9:00A-3:30P	\$ 175 / 193 \$140/154	236105	A	B	C	D	E	F	G	H	I*	J*	
□ Teen Camp	WRC	11-13yrs	M-F	9:00A-3:30P	\$ 175 / 193 \$140/154	236105	A1	B1	C1	D1	E1	F1	G1	H1	I1	J1	
● Sports Camp	ARM	7-12yrs	M-F	9:00A-3:30P	\$ 175 / 193 \$140/154	237113	A	B	C	D	E	F	G	H			
○ Splash Down Camp	TC	6-13yrs	M-F	9:00A-3:30P	\$ 180 / 198	236112										I	J
□ All Stars Camp	WRC	6-13yrs	M-F	9:00A-3:30P	\$ 180 / 198	236112										I1	J1
○ Adventure Camp	VOG	6-13yrs	M-F	9:00A-3:30P	\$ 180 / 198	236112										I2	J2
● STEAM Camp	VOG	6-11yrs	M-F	9:00A-3:30P	\$ 180 / 198	236114	A	B	C	D		F	G	H			
Extended Care																	
■ Early Arrival 5-Day	MUIR	5-13yrs	M-F	7:00-9:00A	\$ 39 / 42 \$23/25	236103	A	B	C	D	E	F	G	H			
■ Late Stay 5-Day	MUIR	5-13yrs	M-F	3:30-6:00P	\$ 48 / 52 \$39/43	236104	A	B	C	D	E	F	G	H			
■ Early Arrival 3-Day	MUIR	5-13yrs	Tu,W,F	7:00-9:00A	\$ 25 / 27	236106	A	B	C	D		F	G	H			
■ Late Stay 3-Day	MUIR	5-13yrs	Tu,W,F	3:30-6:00P	\$ 29 / 32	236107	A	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 \$31/35	236103	A1	B1	C1	D1	E1	F1	G1	H1	I1	J1	
□ Late Stay 5-Day	WRC	5-13yrs	M-F	3:30-6:00P	\$ 48 / 52 \$39/43	236104	A1	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	A1	B1	C1	D1		F1	G1	H1			
□ Late Stay 3-Day	WRC	5-13yrs	Tu,W,F	3:30-6:00P	\$ 29 / 32	236107	A1	B1	C1	D1		F1	G1	H1			
● Early Arrival 5-Day	ARM	5-13yrs	M-F	7:00-9:00A	\$ 39 / 42 \$23/25	236103	A2	B2	C2	D2	E2	F2	G2	H2			
● Late Stay 5-Day	ARM	5-13yrs	M-F	3:30-6:00P	\$ 48 / 52 \$31/35	236104	A2	B2	C2	D2	E2	F2	G2	H2			

Early & Late at TC for Weeks 9 & 10
Teen Camp at Eisenhower all summer except Week 10 which will be at Triphahn



Hoffman Estates Park District Registration Form

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

SIDE 2 OF 2

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.

PLEASE ALSO SEND AN EMAIL TO PROGRAM MANAGER, LISA SWAN, AT LSWAN@HEPARKS.ORG WITH YOUR REQUEST.

ePact: Check your email *(and spam)* for an email from ePact to fill out all emergency information.

CAMPERS MAY NOT BEGIN CAMP UNTIL IT IS FILLED OUT AND SUBMITTED.

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.

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

Cardholder Name: _____

Charge Amount: _____ Account # (Last 4 digits) **: _____ Exp Date __ / __

** Credit card must be saved in household account.

(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 _____