City of Evanston Camp Registration Form

Be sure to read page 38 regarding nonrefundable deposits, the balance due deadline and transfers. Evanston residents must include proof of residency to receive the resident discounted rate (see page 39). This form may be duplicated if you need additional space or wish to supply one form per child. Questions? Please call (847) 866-2900.

Parent/Guardian Name: _____

Address/City/Zip: _____

Daytime Phone: (_____) _____

Home Phone: (_____) _____

Emergency Phone: (_____) _____

Cell Phone: _____

Family e-mail: _____

(e-mail address will not be shared with other agencies)

If your 1st choice of a camp session is full, your child will be registered for the alternate session and be placed on the waiting list for the 1st choice.

If there is a **disability-related need for an accommodation**, the Camp Director or the City's Special Recreation office must be contacted as soon as possible, but no later than ten days in advance of camp; see page 40 for details.

Child's Last Name	Child's First Name	Sex	Birth date	Grade in fall '08	Camp Name	Camp #	Alternate Camp #	Amount Paid
								$
								$
								$
								$
								$
							TOTAL	$

The earliest date to mail this registration form is February 1, 2008.
Complete payment information and mail to: Summer Camps, Recreation Division, 2100 Ridge Ave., Evanston, IL 60201

❑ Check # _____ *(payable to City of Evanston)* ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express Security Code #:_____

Card holder (print name): _____ Card # _____

Authorized signature: _____ Expiration Date: ____/_____ Payment amount: $_____

Security Code # is last 3 digits on back of cards; 4-digit code on front of Am. Express above and to right of credit card number.

Please share information which may be helpful to staff. This will make your child's camp experience safer and more pleasant. If you are registering more than one child, please include the child's first name. An additional page can be attached if you need more space.

LIABILITY WAIVER FOR PARTICIPANT

As a participant (or as a parent of a participant under 18 years of age) in City of Evanston Parks/Forestry and Recreation Department Programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program(s), (including transportation services/vehicle operation, when provided).

I do hereby fully release and discharge the City of Evanston, their officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me on account of my participation in the program(s).

I further agree to indemnify and hold harmless and defend the City of Evanston, their officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

I further understand that City of Evanston staff and Evanston Community Media Center staff may photograph/videotape participants in City of Evanston programs for promotional purposes. If you (or family members) don't want to be photographed or videotaped, please contact the Public Information Office at (847) 448-8041.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING and have read the policy pages re: **non-refundable** deposits, etc.

Parent Signature: X _____

Printed Name: _____ Date: _____