

City of Evanston Camp 2012 Registration Form

Be sure to read pages 44-45 regarding **nonrefundable deposits**, the **balance due deadline** and **transfers**. Evanston residents must include **proof of residency** to receive the resident discounted rate (see page 44). This form may be duplicated if you need additional space or wish to supply one form per child. Questions? Please call 3-1-1 (847-448-4311).

Parent/Guardian Name: _____

Address/City/Zip: _____

Daytime Phone: _____
AREA CODE

Home Phone: _____
AREA CODE

Emergency Phone: _____
AREA CODE

Cell Phone: _____
<small>AREA CODE</small>
Family e-mail: _____

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 10 days in advance of camp; see pg. 46 for details.

Camper's Last Name	Camper's First Name	Sex	Birth date	Grade in fall '12	Camp Name	Camp #	Alternate Camp #	Amount Paid

The EARLIEST date to mail this registration form is Fri., Feb. 3, 2012 (Evanston res. only).	TOTAL	
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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 may 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), 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 associated with the program(s).

I hereby waive, release and discharge any and all claims for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Activity. I agree to indemnify and to hold harmless the City, the Parks, Recreation and Community Services Department, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of my death, injury, or property damage that I sustain while participating in the Activity.

This release is intended to discharge in advance the City of Evanston, the Parks, Recreation and Community Services Department, its officers, employees, attorneys, and agents from any and all liability arising out of or connected in any way with my participation in the Activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further agree that this waiver, release and assumption of risk is binding upon my heirs and assigns.

I FURTHER AGREE that if any claim or suit is pursued by me or on my behalf as a result of injuries from the Activity specified herein against the City of Evanston, the Parks, Recreation and Community Services Department, and its officers, employees, attorneys, and agents, I will Indemnify and Hold Harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

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/videotaped, please call 847/448-8041.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE CITY OF EVANSTON AND ME, AND I SIGN IT OF MY FREE WILL.

SIGNATURE _____
 Name (please print) _____
 Home phone number _____ Date: _____

PAYMENT AREA Check # _____ Payment amount \$ _____ **Make check payable to City of Evanston** and mail to: Summer Camps, Recreation Division, 2100 Ridge Ave., Evanston, IL 60201

CREDIT CARD <u>Circle one</u> : Visa MasterCard Discover American Express Security # _____	<small>(last 3 digits on back of cards or 4 digits on front of Am. Express)</small>
Card holder name (print): _____	Card # _____
Authorized signature: _____	Expiration date: _____ Payment amount \$ _____