Heritage Park – Arlington Adventure Camp Registration
(Grades 4th-6th in Fall 2016) One registration per child.

Child's First Name: _____ Child's Last Name: _____ Gender: M F

Home Phone: _____Cell Phone: _____Email: _____

Street Adress: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Payer's Information: Payer's Name: _____ Payer's Date of Birth: _____

Payer's Address (if different than above): _____

Circle the CAMP CODES you wish to register for:

Session	AM Extended 7-9am		Camp 9am-3pm		PM Extended 3-6pm	
One: June 13-24	#5265	$102 / $127	#5287	$305 / $381	#5295	$152 / $190
Two: June 27-July 8	#5572	$91 / $113	#5576	$274 / $342	#5577	$137 / $171
Three: July 11-22	#5582	$102 / $127	#5585	$305 / $381	#5586	$152 / $190
Four: July 25 – Aug 5	#5599	$102 / $127	#5602	$305 / $381	#5605	$152 / $190
Five: Aug 8-12 (at PIO)	#5731	$51 / $63	#5733	$152 / $190	#5734	$76 / $95
Six: Aug 15-19 (at PIO)	#6358	$51 / $63	#6360	$152 / $190	#6361	$76 / $95

Session	Swimming Lessons	
One: June 13-24	#5297	$54
Two: June 27-July 8	#5579	$45
Three: July 11-22	#5587	$54
Four: July 25 – Aug 5	#5607	$54

Swimming Lessons are optional for camp. All swimming lessons must be paid in full at the time of registration.

Pay in Full:		**Payment Plan (Only available February 4 – May 1, 2016)**	
Total AM Extended:	$_____	One session paid in full:	$ _____
Total main camp:	$ _____	$50 deposit for each additional main camp session:	$ _____
Total PM Extended:	$ _____	$25 deposit for each additional extended camp session:	$ _____
Total swim lessons:	$ _____	$10 service fee for each main camp on payment plan:	$ _____
		Swimming (pay in full):	$ _____
TOTAL PAID:	**$ _____**	**TOTAL DUE at time of registration:**	**$ _____**
		Balance due will be an auto-payment on May 20. *****Fill out Payment Plan Authorization***	

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward may sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services and vehicle operations, when provided.) I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the 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 against the Arlington Heights Park District, including its officials, agents, volunteers and employees. **PARTICIPATION WILL BE DENIED if the signature of parent/guardian and date are not on this waiver.**

I have read and fully understand the above waiver and release of all claims and assumption of risk.

Parent/Guardian Signature _____ **Date** _____

Don't forget!
Camper Supplemental Form must be completed for each child.