



# Teen Travel Camp



Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Resident or Non-Resident (Circle)

E-Mail Address: \_\_\_\_\_

<u>2 Day Fee</u>	<u>3 Day Fee</u>	<u>5 Day Fee</u>
FULL: \$164/\$174 EFT: \$177/\$187	FULL: \$195/\$205 EFT: \$211/\$221	Early Bird (before 4/30)- \$247/\$257 Regular (after 5/1)- \$257/\$267 Early Bird EFT (before 4/30)- \$268/\$278 Regular EFT (after 5/1)- \$278/\$288

**You are only registered for weeks paid**

<u>WEEK</u>	<u>2, 3, or 5 Days?</u>	<u>Circle Days Attending</u>	<u>Activity Section Code</u>	<u>Total Due</u>
1- Jun 1-5		M T W Th F		
2- Jun 8-12		M T W Th F		
3- Jun 15-19		M T W Th F		
4- Jun 22-26		M T W Th F		
5- Jun 29-Jul 3		M T W Th F		
6- Jul 6-10		M T W Th F		
7- Jul 13-17		M T W Th F		
8- Jul 20-24		M T W Th F		
9- Jul 27-Jul 31		M T W Th F		
10- Aug 3-Aug 7		M T W Th F		

**Itasca Park District Waiver and Release**

**IMPORTANT INFORMATION**

Participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/ programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the Itasca Park District identified programs/activities, 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 might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/ activities, 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 these programs/activities against the Itasca Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Itasca Park District).

I do hereby fully release and forever discharge the Itasca Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 these programs/activities.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Full Name Printed