Camp Caterpillars

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:_____

MWF 3-4yrs	T/TH 3-4yrs	T/TH 2-3yrs
$550	$366	$245

Session Dates	Meeting Days	Ages	Program Time	Activity Section Code	Total Due
June 1-July 24	M/W/F	3-4yrs	9:00am-12:00pm	110331-01	
June 2-July 23	T/TH	3-4yrs	9:00am-12:00pm	110331-02	
June 2-July 23	T/TH	2-3yrs	10:00am-12:00pm	110331-03	

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 you 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 you 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.

_____ _____ _____

Full Name Printed Signature Date