

TOP DOG CAMP REGISTRATION FORM – 2019

Name: _____

Ages: 11-14 (Entering 9th grade)

Grade: Entering 6th- 9th grade

PLEASE check (√) day(s) your child will be attending.



#	Week	Mon	Tue	Wed	Thu	Fri	Weekly Fee R/NR)	Daily Fee (R/NR)	Total
1	6/10-6/14 <i>Price on/after May 28 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
2	6/17-6/21 <i>Price on/after June 3 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
3	6/24-6/28 <i>Price on/after June 10 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
4	7/1-7/5 <i>Price on/after June 17 3 bus day or less notice</i>				X		\$163/\$179 \$182/\$198 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
5	7/8-7/12 <i>Price on/after June 24 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
6	7/15-7/19 <i>Price on/after July 1 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
7	7/22-7/26 <i>Price on/after July 8 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
8	7/29-8/2 <i>Price on/after July 15 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	
9	8/5-8/9 <i>Price on/after July 22 3 bus day or less notice</i>						\$204/\$224 \$228/\$248 +\$15/day	\$62/\$67 \$66/\$71 +\$15/day	

- Early Bird payment deadline is always before the Monday at least two weeks in advance
- There are no refunds within 3 business days of the program date without a medical note
- Day of registrations result in appropriate daily fee rate plus extra \$5 convenience fee
- Changing/transferring days is permissible with 3 business day notice in writing
 - \$5 transaction fee for failure of 3 business day advance notice
 - No transfers after 4pm the business day before the program date
 - Depending on date, early bird rate may not be applicable to new date

Camp Fees (409601) [RecTrac Day Care Activity]: _____

Total: _____

Date: ___ / ___ / ___ Entered by: _____ Total: \$ _____ Payment Type: _____



Summer Camp Payment, Waiver & Release Information

Camp Name: _____
 Child's Name: _____ Birth Date: _____
 Address: _____ School Grade: _____
 City & Zip: _____
 Primary Contact No: _____
 Secondary Contact No: _____
 Email Address: _____
 Cell Phone Provider (to receive text messages): _____

Credits/refunds will not be given for vacation, sick days, or any other days absent from camp.

In compliance with American with Disabilities Act, the Bloomington Park District will make all reasonable efforts to accommodate persons with disabilities. Please indicate any special needs. **TWO WEEKS NOTICE IS NEEDED FOR ASSISSTANCE.** _____

**Bloomington Park District
Waiver & Release**

The Bloomington Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Bloomington Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, 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. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Bloomington Park District to guarantee absolute safety.

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 programs listed above, you will be expressly assuming the risk and 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 these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 against the Bloomington Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name: _____

Participant's Signature: _____
(18 years of age or older or Parent/Guardian)

Date: _____

PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian and date are not on this waiver.