



REGISTRATION FORM

REGISTER BY MAIL TO: Attn: MINDY BRAND

REGISTER IN PERSON AT: Allerton Mansion Front Desk

Allerton Park & Retreat Center

Monday-Friday, 8am-5pm

515 Old Timber Rd.

Monticello, IL 61856

(Check or credit card - checks payable to University of Illinois)

You will receive confirmation of registration via email.

PLEASE PRINT

Child's name: _____ MALE FEMALE

Child's date of birth: _____ Grade completed in May 2019: _____

Parents'/Guardians' names: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Alternate phone number: _____

Email: _____

Shirt size: Youth XS Youth S Youth M Youth L Adult S Adult M

Allergies, medical conditions, or special needs: _____

My camper will be arriving or departing camp on Piattran Yes_____ No_____ Not sure yet_____

Names of those people, in addition to parents/guardians listed above, who are allowed to pick your child up from camp:

Name Relationship Phone number

Name Relationship Phone number

Select Day Camp and Extended Day Options



MULTI-WEEK DISCOUNT: Registration & full payment for 4+ weeks of camp at once (any 4+ weeks throughout the summer) qualifies you for a 10% discount off your registration fees.

DEPOSIT OPTION: You may hold your spot in camp with a non-refundable deposit of \$20 per child per week. Payment is due 10 business days before the first day of camp in order to hold the spot.

Allerton Acorns (5-7 years)

MONDAY-FRIDAY 9:00AM-3:00PM

June 3 - 7 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
June 10 - 14 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
June 17 - 21 st	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
June 24 - 28 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
NO CAMP JULY 1-5				
July 8 - 12 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
July 15 - 19 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
July 22 - 26 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
July 29-Aug 2 nd	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
Aug 5 - 9 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35

Allerton Adventurers (8-12 years)

MONDAY-FRIDAY 9:00AM-3:00PM

June 3 - 7 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
June 10 - 14 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
June 17 - 21 st	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
June 24 - 28 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
NO CAMP JULY 1-5				
July 8 - 12 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
July 15 - 19 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
July 22 - 26 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
July 29-Aug 2 nd	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35
Aug 5 - 9 th	_____ \$165	Add Extended Day	7-9am _____ \$25	3-5:30pm _____ \$35

Discovery Camp (3-4 years)

MONDAY-FRIDAY 8:30AM-11:30PM

June 17 - 21 st	_____ \$82
June 24 - 28 th	_____ \$82
July 15 - 19 th	_____ \$82

Camp fees total _____

Less multi-week discount (see policy above) _____

Total amount enclosed _____



Mail-in payment method

Payment amount \$ _____

Payment method Check _____ Credit card _____ (see below)

Name on credit card _____

VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS _____

Credit card number _____

Expiration date _____

Security code _____



PARTICIPANT WAIVER & RELEASE

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 may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child or I may have as a result of participating in these programs against Allerton Park and Retreat Center, their respected officials, employees, and volunteers. I do hereby fully release and forever discharge Allerton Park and Retreat Center from any and all claims for injuries, damages, or loss that may accrue to my minor child/ward as a result of these programs.

Participant Name

Parent/Guardian Signature

Date

PHOTO RELEASE

I hereby give the University of Illinois (Allerton Park & Retreat Center) permission to use photo images of participant for the purpose of promoting the University of Illinois' programs in publications and on the web. I agree that the images become the exclusive property of the University of Illinois and waive all rights thereto. *For privacy and protection, participant's name will not be used on the web.*

Participant Name

Parent / Guardian Signature

Date



INSTRUCTIONS FOR DISPENSING MEDICATION

IF MEDICATION IS NEEDED WHILE AT CAMP, THIS FORM MUST BE COMPLETED FOR EACH WEEK OF CAMP OR WHEN MEDICATION CHANGES

Name of Camp _____ Date of Camp _____

Name of Participant _____

Name of Parent / Guardian _____

Daytime phone _____ Secondary phone _____

Name of Parent / Guardian _____

Daytime phone _____ Secondary phone _____

Name of Doctor _____ Phone _____

Name of medication _____

Dispensing and Storage Instructions _____

Notes _____

Name of medication _____

Dispensing and Storage Instructions _____

Notes _____

I understand that it is my responsibility to give medication directly to Allerton Park staff with complete instructions and in the original container. Should medication or instructions change, I will complete a new *Instructions for Dispensing Medication* form and resubmit to Allerton Park staff. I acknowledge that the above information regarding type of medication and instructions for dispensing said medication is accurate. I understand that it is my responsibility to inform Allerton Park staff of any changes to medication or instructions.

Signature of Parent or Guardian

Date