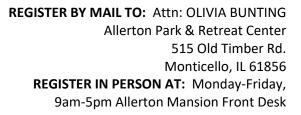
## **REGISTRATION FORM**



(Checks payable to University of Illinois)

You will receive confirmation of registration via email.

#### **PLEASE PRINT** (This form is fillable using Adobe Acrobat Reader)

Child's name:							
Child's date of birth: _		Grade com	pleted in May 2	2023:			
Parents'/Guardians' n	ames:						
Address:			City:	Zip	:		
Phone number:		Alternate phone number:					
Email:							
Shirt size:		Youth M	Youth L				
Allergies, medical con	ditions, or special n	eeds:					
My camper will be an	riving or departing	camp on Piattr	an 🗆 Yes	🗆 No	Not sure yet		
Names of those peopl from camp:	e, in addition to pa	rents/guardian	s listed above,	who are allowe	ed to pick your child up		
Name	Rela	Relationship		Phone number			
Namo	Pola	tionshin		Dho	no numbor		



#### Select Day Camp and Extended Day Options



**MULTI-WEEK DISCOUNT:** Registration & full payment for 4+ weeks of camp made 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. **Available through in-person or mail-in registration only.** 

#### Allerton Acorns (5-7 years) MONDAY-FRIDAY 9:00AM-3:00PM

Weather Wizards (June 5-9)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Allerton Artists (June 12-16)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Pollinator People (June 19-23)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Fort Fiends (June 26-30)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Sound Songsters (July 10-14)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Science Scouts (July 17-21)	\$200	Add Extended Day	7.0am ¢1E	2 5 20
	Ŷ200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Water Works (July 24-28)	\$200	Add Extended Day	7-9am\$15 7-9am\$15	3-5:30pm\$35 3-5:30pm\$35

#### Allerton Adventurers (8-12 years)

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

Weather Wizards (June 5-9)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Allerton Artists (June 12-16)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Pollinator People (June 19-23)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Fort Fiends (June 26-30)	\$200	Add Extended Day	7-9am \$15	3-5:30pm\$35
Sound Songsters (July 10-14)	\$200	Add Extended Day	7-9am \$15	3-5:30pm\$35
Science Scouts (July 17-21)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Water Workers (July 24-28)	\$200	Add Extended Day	7-9am\$15	3-5:30pm\$35
Ag Agents (July 31-Aug 4)	\$200	Add Extended Day	7-9am \$15	3-5:30pm\$35

Camp fees total \$ \_\_\_\_\_

Less multi-week discount (see policy above) \$\_\_\_\_\_

Total registration payment enclosed \$

Deposit amount enclosed \$



### **PARTICIPANT WAIVER & RELEASE**

Allerton Park and Retreat Center, a unit of the Board of Trustees of the University of Illinois, is committed to conducting its programs and activities in a safe manner and holds the safety of all participants, staff, and volunteers in the highest regard. APRC continually strives to reduce risks and insists everyone follow safety rules and regulations that are designed for the protection and safety of all. However, those participating in programs must recognize that there is are inherent risks of injury.

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 or the Board of Trustees of the University of Illinois, their respective officials, employees, and volunteers. I do hereby fully release and forever discharge Allerton Park and Retreat Center and the University of Illinois from any and all claims for injuries, damages, or loss that may accrue to my minor child/ward as a result of said participation.

Participant Name

Parent/Guardian Signature (\*Please provide a manual or digital 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



## 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 Participant		
Name of Camp	Date of Camp	
Name of Parent / Guardian		
Daytime phone	Secondary phone	
Name of Doctor	Phone	
Name of medication		
Notes		
Name of medication		
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 mediation is accurate. I understand that it is my responsibility to inform Allerton Park staff of any changes to medication or instructions.