



REGISTRATION FORM

REGISTER BY MAIL TO: Attn: OLIVIA BUNTING
Allerton Park & Retreat Center
515 Old Timber Rd.
Monticello, IL 61856

REGISTER IN PERSON AT: Monday-Friday,
9am-5pm Allerton Mansion Front Desk

(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: _____ ☐ MALE ☐ FEMALE

Child's date of birth: _____ Grade completed in May 2023: _____

Parents'/Guardians' names: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Alternate phone number: _____

Email: _____

Shirt size: Youth S Youth M Youth L Adult S Adult M
 (6-7) (8) (10)

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 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	7-9am _____ \$15	3-5:30pm _____ \$35
Water Works (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

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 \$ _____

Deposit amount enclosed \$ _____

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

Total registration payment 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 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 these programs.

Participant Name

Parent/Guardian Signature

Date

(*Please provide a manual or digital signature.)

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

(*Please provide a manual or digital signature.)



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 _____

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 _____

(*Please provide a manual or digital signature.)