



# REGISTRATION FORM

**REGISTER IN PERSON OR BY PHONE:** Attn: SARAH TREZISE  
Allerton Park & Retreat Center  
515 Old Timber Rd.  
Monticello, IL 61856  
**Wednesday-Saturday, 9am-5pm**  
**Gift Shop at McCraw Family Visitor Center**

(Checks payable to University of Illinois)

*You will receive confirmation of registration via email.*

## PLEASE PRINT

Child's name: \_\_\_\_\_  MALE  FEMALE  Prefer not to Say

Child's date of birth: \_\_\_\_\_ Grade completed in May 2026: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Additional phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt size:  Youth XS (4-5)  Youth S (6-7)  Youth M (8)  Youth L (10-12)  Youth XL (14-16)  Adult S  
 Adult M  Adult L

**My camper will be using Piattran for transport to and from camp, instead of parental drop-off and pick-up.**

Yes  No

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

\_\_\_\_\_  
Name Relationship Phone number

**Allergies, medical conditions, special needs, or accommodations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Select Day Camp and Extended Day Options

**DEPOSIT OPTION:** You may hold your spot in camp with a non-refundable deposit of \$50 per child per week. Payment is due 10 business days before the first day of camp in order to hold the spot.

**5-7 Years (Acorns)**

**8-11 Years (Adventurers)**

MONDAY through FRIDAY 8am – 3pm

Camp Theme/Dates	7 – 8am Early Arrivers \$15	8am – 3pm Registration \$200	Lunch for the Week \$25	3 – 5:30pm After Care \$35	Total
Imagination Station June 8 – 12					
I Spy June 15 – 19					
All About Illinois June 22 – 26					
Camp Survival July 6 – 10					
Crafty Creations July 13 – 17					
Jammin' Together July 20 – 24					
Science Center July 27 – 31					
Farm to Table Aug 3 - 7					

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

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

**Deposit amount enclosed \$ \_\_\_\_\_**

**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 is an inherent risk 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.

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Participant Name

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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.*

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Participant Name

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Parent / Guardian Signature

Date



## INSTRUCTIONS FOR DISPENSING MEDICATION

**If medication is needed while at camp, this form must be completed once for the summer or when medication changes.**

Name of Participant \_\_\_\_\_

Age of Participant \_\_\_\_\_ 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