

SWSRA SUMMER DAY CAMP REGISTRATION FORM

12521 SOUTH KOSTNER AVENUE • ALSIP, IL 60803 • (708) 389-9423

Participants Name _____ Age _____ Birthdate _____ Sex _____
 Home Phone (____) _____ Address/City _____ Zip _____
 Work Phone # Mom (____) _____ Dad(____) _____ Parent(s) Name(s) _____
 Nature of Special Need _____
 Emergency Name _____ Phone (____) _____

GENERAL DAY CAMP (AGES 3-21)

(MONDAY - FRIDAY from 10:00 AM - 3:00 PM)

	FEES:	ADD TRANS-PORTATION	TOTAL FEES
SESSION I JUNE 15 - JULY 3	ID ___\$275	ID ___\$100	ID \$ _____
	OD ___\$550	OD ___\$200	OD \$ _____
SESSION II JULY 13 - JULY 31	ID ___\$275	ID ___\$100	ID \$ _____
	OD ___\$550	OD ___\$200	OD \$ _____
SESSION III JUNE 15 - JULY 31	ID ___\$525	ID ___\$200	ID \$ _____
	OD ___\$1075	OD ___\$400	OD \$ _____

GET UP & GO CAMP (AGES 18 & UP) HIGH ABILITY LEVEL

MONDAY WEDNESDAY FRIDAY	FEES:	ADD TRANS-PORTATION	TOTAL FEES
SESSION IV JUNE 15 - JULY 3	ID ___\$165	ID ___\$60	ID \$ _____
	OD ___\$330	OD ___\$120	OD \$ _____
SESSION V JULY 13 - JULY 31	ID ___\$165	ID ___\$60	ID \$ _____
	OD ___\$330	OD ___\$120	OD \$ _____
SESSION VI JUNE 15 - JULY 31	ID ___\$312	ID ___\$120	ID \$ _____
	OD ___\$624	OD ___\$240	OD \$ _____

AUTISM CAMP (AGES 13 - 21)

(MONDAY, WEDNESDAY & FRIDAY from 10:00 AM - 2:00 PM)

AUGUST 10 - AUGUST 28	FEES:	NO TRANSPORTATION AVAILABLE	TOTAL FEES
SESSION I JUNE 15 - JULY 3	ID ___\$165	NO TRANSPORTATION AVAILABLE	ID \$ _____
	OD ___\$330	NO TRANSPORTATION AVAILABLE	OD \$ _____
SESSION II JULY 13 - JULY 31	ID ___\$165	NO TRANSPORTATION AVAILABLE	ID \$ _____
	OD ___\$330	NO TRANSPORTATION AVAILABLE	OD \$ _____

SPORTZ CAMP (AGES 8-13)

(MONDAY - FRIDAY from 10:00 AM - 2:00 PM)

	FEES:	NO TRANSPORTATION AVAILABLE	TOTAL FEES
SESSION I JUNE 15 - JULY 3	ID ___\$165	NO TRANSPORTATION AVAILABLE	ID \$ _____
	OD ___\$330	NO TRANSPORTATION AVAILABLE	OD \$ _____
SESSION II JULY 13 - JULY 31	ID ___\$165	NO TRANSPORTATION AVAILABLE	ID \$ _____
	OD ___\$330	NO TRANSPORTATION AVAILABLE	OD \$ _____

MONDAY through FRIDAY

MONDAY through FRIDAY	FEES:	ADD TRANS-PORTATION	TOTAL FEES
SESSION VII JUNE 15 - JULY 3	ID ___\$275	ID ___\$100	ID \$ _____
	OD ___\$550	OD ___\$200	OD \$ _____
SESSION VIII JULY 13 - JULY 31	ID ___\$275	ID ___\$100	ID \$ _____
	OD ___\$550	OD ___\$200	OD \$ _____
SESSION III JUNE 15 - JULY 31	ID ___\$525	ID ___\$200	ID \$ _____
	OD ___\$1075	OD ___\$400	OD \$ _____



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CONTINUED

What type of communication is used? _____

Is the participant going to be transported in a wheelchair? Yes No

Will your son/daughter be receiving medication during camp hours? Yes No

Please describe:

List below any special accommodations needed by camper, as well as any additional information that will be helpful to the staff (allergies, seizures, etc.):

T-Shirt size: YOUTH: 6-8 10-12 14-16
ADULT: S M L XL XXL XXXL

Shirts for campers are ordered early to ensure there is stock in all sizes and that we receive the correct style ordered. Shirts are given out to campers on a first come first serve basis. Please note that while we will do our best to accommodate everyone's size request, we can not make any guarantees. To have the best chance in receiving the size you are requesting, please register early.

SWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SWSRA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the programs/activities listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities. 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. Recreational programs/activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating and all other circumstance inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for SWSRA to guarantee absolute safety. Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities and connected with and associated with said program/activities (including transportation services/vehicle operation, when provided).

I recognized and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 have (or accrue to my child/ward or me) as a result of participating in these programs/activities against SWSRA including its discharge SWSRA from any and all claims for injuries, damage, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk and have the waiver and release of all claims. If registering on-line or via fax your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature: _____ Date: _____

Please Print Name: _____