

REGISTRATION FORM

Please complete one form for EACH Child attending.

Ages 5* - 12

*Children **MUST** have completed kindergarten or a full-time pre-school program.

Kids Camp 2010

Camper Name: Last _____ First _____

Birth Date _____ Age _____ Grade completed as of May 2010 _____ Gender: M F

Billing Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name: _____ Email _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

2010 Camp Schedule – Check All Weeks to Attend

	Week	3 Day
Week 1	June 1 – June 4 (4 days)	_____
Week 2	June 7 – June 11	_____
Week 3	June 14 – June 18	_____
Week 4	June 21 – June 25	_____
Week 5	June 28 – July 2	_____
Week 6	July 5 – July 9	_____
Week 7	July 12 – July 16	_____
Week 8	July 19 – July 23	_____
Week 9	Jul 26 – July 30	_____
Week 10	August 2 – August 6	_____
Week 11	August 9 – August 13	_____
Week 12	August 16 – August 20	_____
Total Number of Weeks		_____

Payment Worksheet

Weekly Camp Fees

Before 4/1/10	SRFC Member - \$129	Non-Member - \$152
	4 Day Week #1- \$115	Week # 1- \$131
Before 6/1/10	SRFC Member - \$141	Non-Member - \$166
	4 Day Week #1 - \$125	Week #1 - \$148
After 6/1/10	SRFC Member - \$152	Non-Member - \$177
	4 Day Week #1- \$132	Week #1-\$155

3 Day Option Weekly Fees

Before 4/1/10	SRFC Member - \$110	Non-Member - \$125
Before 6/1/10	SRFC Member - \$120	Non-Member - \$140
After 6/1/10	SRFC Member - \$125	Non-Member - \$145

4 Day Week #1 Fee (June 1-4) _____

Weekly Fee _____

Number of Weeks x _____ = _____

Sub Total _____

Full Summer Discount – **Full Weeks Only**
10 or More Weeks - Less \$200 _____

Family Discount – **Full Weeks Only**
2nd + Child – \$10 x _____ weeks _____

TOTAL _____

Deposit Due April 1, 2010 – 50% of Total _____

Final Balance Due May 15, 2010 – Remainder _____

Refunds will not be given after this Date.

Participation Agreement/Parental Consent

I understand that payment of the prescribed Deposit by its due date reserves a spot for my child in Kids' Camp, Inc. (KCI) and that priority will be given to SRFC members and full summer campers. I further understand that payment of the deposit by the due date determines eligibility for the early registration discount and that all Final Balance Payments must be received by the due date indicated, and that failure to do so may prevent my child from attending camp until final balance is paid in full. A portion of this deposit is non-refundable in the event of cancellation. Camp schedules may be adjusted due to weather and as camper enrollment increases and decreases. Certain children may have special needs and limitations beyond the scope of our camp structure. Parents are REQUIRED and expected to inform KCI in advance of special circumstances and needs so that an enrollment evaluation and determination can be made. Enrollment is not guaranteed by payment. Behavior agreements from certain parents for particular children may be required for enrollment and or continued camp participation.

I/we, the parents/legal guardian of the above stated, understand the nature of fitness and camp activities of KCI. at Springfield Racquet & Fitness Center, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I/we hereby give my/our approval to participate in any camp activities, including transportation to and from activities, if applicable. I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releases (the Kids' Camp, Inc., Springfield Racquet & Fitness Center its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to my/our child, from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise including negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage or cause any may incur as the result of any such claim.

I/we have read, understood and agree with this consent in its entirety, I authorize the use of the above named child's photographic or video image in KCI materials.

PARENT/GUARDIAN SIGNATURE

Date

A Completed form with payment info may be fax'd to: 217 787-2131

Method of Payment: ___VISA ___MC ___DISC ___AMEX
___CHECK ___CASH

Payment Amount \$ _____

CREDIT CARD NUMBER _____

Expiration Date _____

Print Name: _____

Signature _____