

# Summer Camps Registration Form



Please fill out the registration form completely and return with proper fee to: Bensenville Park District,  
1000 W. Wood Street, Bensenville, Illinois 60106

Family Last Name \_\_\_\_\_ Participant Name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Alternate# \_\_\_\_\_

**CHECK THE CAMP YOUR CHILD IS ATTENDING**

Adventure    Sports    Teen    Discovery    Explorer    Theater (Sess. 2 only)    Art (Sess. 3 only)

*\*Discovery & Explorer Camps: Pick up and drop off is at Fischer Farm. Participants will be transported to and from Fischer Farm by BPD Staff for Before and After Camp Services.*

**Camp fees by the session:**

Sessions 1 (includes 9 days of camp)      \$171 resident/\$189 non-resident  
 Session 2, 3, 4, 5 (includes 10 days of camp) \$190 resident/\$210 non-resident  
 Session 6 (includes 7 days of camp)      \$135 resident/\$150 non-resident  
 Camp Customized Days                      \$25 resident/\$30 non-resident

If you are choosing the full camp session, only circle the camp session. Circle the days for customized.

	Week 1					Week 2				
<b>Session 1</b> (05/26-06/05)	-	T	W	H	F	M	T	W	H	F
<b>Session 2</b> (06/08-06/19)	M	T	W	H	F	M	T	W	H	F
<b>Session 3</b> (06/22-07/03)	M	T	W	H	F	M	T	W	H	F
<b>Session 4</b> (07/06-07/17)	M	T	W	H	F	M	T	W	H	F
<b>Session 5</b> (07/20-07/31)	M	T	W	H	F	M	T	W	H	F
<b>Session 6</b> (08/03-08/11)	M	T	W	H	F	M	T	-	-	-

**Before Camp fees by the session:**

Sessions 1 (includes 9 days of camp)      \$76 resident/\$90 non-resident  
 Session 2, 3, 4, 5 (includes 10 days of camp) \$85 resident/\$100 non-resident  
 Session 6 (includes 7 days of camp)      \$60 resident/\$75 non-resident  
 Camp Customized Days                      \$8 resident/\$9 non-resident

If you are choosing the full camp session, only circle the camp session. Circle the days for customized.

	Week 1					Week 2				
<b>Session 1</b> (05/26-06/05)	-	T	W	H	F	M	T	W	H	F
<b>Session 2</b> (06/08-06/19)	M	T	W	H	F	M	T	W	H	F
<b>Session 3</b> (06/22-07/03)	M	T	W	H	F	M	T	W	H	F
<b>Session 4</b> (07/06-07/17)	M	T	W	H	F	M	T	W	H	F
<b>Session 5</b> (07/20-07/31)	M	T	W	H	F	M	T	W	H	F
<b>Session 6</b> (08/03-08/11)	M	T	W	H	F	M	T	-	-	-

**After Camp fees by the session:**

Sessions 1 (includes 9 days of camp)	\$90 resident/\$108 non-resident
Session 2, 3, 4, 5 (includes 10 days of camp)	\$100 resident/\$120 non-resident
Session 6 (includes 7 days of camp)	\$70 resident/\$85 non-resident
Camp Customized Days	\$10 resident/\$11 non-resident

If you are choosing the full camp session, only circle the camp session. Circle the days for customized.

	Week 1					Week 2				
<b>Session 1</b> (05/26-06/05)	-	T	W	H	F	M	T	W	H	F
<b>Session 2</b> (06/08-06/19)	M	T	W	H	F	M	T	W	H	F
<b>Session 3</b> (06/22-07/03)	M	T	W	H	F	M	T	W	H	F
<b>Session 4</b> (07/06-07/17)	M	T	W	H	F	M	T	W	H	F
<b>Session 5</b> (07/20-07/31)	M	T	W	H	F	M	T	W	H	F
<b>Session 6</b> (08/03-08/11)	M	T	W	H	F	M	T	-	-	-

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.” I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries including; loss of life, damages and loss sustained by me and arising out of, connected with or in any way associated with the activities of the program. I hereby agree and consent to give the Bensenville Park District unlimited rights to use any photographs or video footage of me (my child), in which I (he/she) may be included in whole or in part, for publication. And I waive all claims for compensation for such use.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Inclusion: Please list any special accommodations that your child may require \_\_\_\_\_

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

**Auto Payment Method**

Please Note: A \$25 service fee will be required in cash for credit card declinations.

Yes     No

Check # \_\_\_\_\_

VISA     MC     DISC    Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV code # on back \_\_\_\_\_ Zip Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_