

# Busy Bees Farm Camp 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 # \_\_\_\_\_

Please fill out the following section if requesting inclusion services:

Check this box if inclusion services are needed to participate in our programming. Today's date \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

## Busy Bees Farm Camp

Meets at the Pine Room, 531 S. Church Street, this is a half day camp and has drop-off from 8:30 a.m. – 9 a.m.,  
runs from 9 a.m. – 11:30 a.m., and has pick-up from 11:30 a.m. – Noon

Dates 7/14 – 7/18

Before Camp and After Camp transportation are not available

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

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

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

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

Date \_\_\_\_\_

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