

City of Berwyn Recreation Department
6501 W. 31st Street, Berwyn, IL. 60402 / (708) 788-2334 / (708) 788-2010

2022-2023 After-School / Day's Off Camp Registration Form

Please print:

NAME OF CHILD: _____ AGE: _____ DOB: _____

ADDRESS: _____

HOME # _____ CELL # _____

PARENT NAME: _____ WK # _____

PARENT NAME: _____ WK # _____

Emergency # and contact name: _____

SCHOOL: _____ GRADE: _____ EMAIL: _____

CITY OF BERWYN WAIVER

AS A PARTICIPANT OR GUARDIAN OF A PARTICIPANT IN A PROGRAM SPONSORED BY THE CITY OF BERWYN RECREATION DEPARTMENT, "I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY AND I AGREE TO ASSUME THE FULL RISK OF ANY INJURIES, DAMAGES, OR LOSS WHICH THE STATED PARTICIPANT MAY SUSTAIN AS RESULT OF PARTICIPATING IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH SUCH PROGRAM. I AGREE TO WAIVE AND RELINQUISH ALL CLAIMS AGAINST THE CITY OF BERWYN RECREATION DEPARTMENT AND ANY COOPERATING AGENCY, ITS OFFICERS, AGENTS, SERVANTS & EMPLOYEES. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE BERWYN RECREATION DEPARTMENT, ANY COOPERATING AGENCY, ITS OFFICERS, AGENT, SERVANTS & EMPLOYEES FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES, DAMAGES, AND LOSSES SUSTAINED TO ME OR THE STATED PARTICIPANT AND ARISING OUT OF OR CONNECTED WITH THE ACTIVITIES OF THE PROGRAM. "I HAVE READ AND FULLY UNDERSTAND THE "RELEASE/HOLD HARMLESS" AGREEMENT AND THE NO REFUND POLICY. I UNDERSTAND THERE ARE NO REFUNDS OR CREDITS FOR THIS PROGRAM.

PARENT SIGNATURE: _____ DATE: _____

(print)

I _____ (parent name)

read & received a copy of the Covid-19 Self Certification Assessment Questionnaire.

I understand the Covid-19 Self Assessment is to be performed before attending the Berwyn Recreation Center for the safety of all involved on a daily basis.

I understand a late Fee of \$10 will be charged if payment is not received by the Friday before care begins.

I understand days missed will not be credited or transferred to another day, week or month.

Parents Signature: _____