

# SUMMER DAY CAMP 2024 REGISTRATION FORM

City of Berwyn Recreation Center

6501 W. 31st Street, Berwyn - (708) 788-2010

## CAMPERS INFORMATION (print in CAPS) :

CAMPERS LAST NAME:

CAMPERS FIRST NAME:

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_ Gender :  Boy  Girl

SCHOOL: \_\_\_\_\_ SHIRT CHILD SIZE: SMALL MED. LARGE

GRADE: \_\_\_\_\_ SHIRT ADULT SIZE: SMALL MED. LARGE XL 2XL

Parent Name & Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent Name & Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## \*EMERGENCY CONTACT PERSON/PHONE# MUST BE AVAILABLE DURING CAMP HOURS!

EMERGENCY PHONE# AND CONTACT: \_\_\_\_\_

### \*ATTENTION - EARLY DROP-OFF IS 6:45 TO 8:55 A.M. - CAMP BEGINS @ 9 A.M.

Early drop-off is free! To help with scheduling staff, we will need to know the day / time your camper will be arriving daily. Parents will be required to sign-up weekly for early drop-off with an approximate time per day/weekly.

The times will be as follows:	6:45 a.m. to 7:00 a.m.	7:00 a.m. to 7:15 a.m.
	7:15 a.m. to 7:30 a.m.	7:30 a.m. to 7:45 a.m.
	7:45 a.m. to 8:00 a.m.	
	8:00 a.m. to 8:30 a.m.	8:30 a.m. to 8:45 a.m.

## MEDICAL HISTORY:

### ● ALLERGIES:

### ● MEDICATIONS/RESTRICTIONS/DISABILITES:

#### 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 IN-JURIES, 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.

LEGAL PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_