

SUMMER DAY CAMP 2026 REGISTRATION FORM

City of Berwyn Recreation Center

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

CAMPERS INFORMATION (print in CAPS) :

LAST NAME:

FIRST NAME:

Date of Birth: _____ / _____ / _____ AGE: _____ Gender : Boy Girl

CHILDREN AGE 6 & UNDER, IS THE CHILD POTTY TRAINED WITHOUT ACCIDENTS? YES NO

Parent Name: _____ Phone #: _____

Parent Name: _____ Phone #: _____

***ATTENTION - EARLY DROP-OFF HOURS: 8:00 A.M. TO 9:00 A.M.**

CAMP HOURS: 9:00 TO 6:00 P.M.

(ANY LATE PICKUP AFTER 6 P.M. WILL RESULT IN A LATE FEE - STRICTLY ENFORCED!)

LATE FEE'S ARE DUE IN CASH OR CREDIT AT TIME OF PICKUP, NO EXCEPTIONS

| | | | |
|-------------------|-------|------|--------------|
| SHIRT CHILD SIZE: | SMALL | MED. | LARGE |
| SHIRT ADULT SIZE: | SMALL | MED. | LARGE XL 2XL |

**ANY ALLERGIES LISTED WILL REQUIRE A PLAN OF ACTION FORM TO BE COMPLETED.
MEDICAL HISTORY MUST BE DISCLOSED BEFORE REGISTERING FOR CAMP:**

● ALLERGIES:

● MEDICATIONS/RESTRICTIONS/DISABILITES:

- PART-TIME DAYS MUST BE CHOSEN AT TIME OF REGISTRATION. DEPOSITS ARE NON-REFUNDABLE / TRANSFERABLE
- CAMPERS CANNOT REVERT FROM FULL-TIME CAMP TO PART-TIME CAMP AFTER REGISTERING.
- CAMPERS MAY REGISTER FOR BOTH PART & FULL TIME WEEKS WHEN REGISTERING.
- NO SWITCHING OF DAYS TO MAKE UP FOR A MISSED DAY, ILLNESS OR FIELD TRIP.
- ANY LATE PICKUP AFTER 6:00 P.M. WILL RESULT IN A LATE FEE DUE AT THE TIME OF PICKUP - CREDIT OR CASH
- DEPOSITS FOR WEEKS ARE NON-REFUNDABLE & TRANSFERABLE
- WEEKS / DAYS CANNOT BE TRANSFERED
- NO REFUNDS OR CREDITS WILL BE AWARDED FOR ANY REASON.
- CAMP OPENS @ 8:00 A.M., NO SOONER!

PARENT INITIALS: _____

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: _____