



## Frankfort Adventures Half Day Summer Camp

### For Office Use Only

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Cash
- ☐ Check # \_\_\_\_\_
- ☐ Charge Card
- ☐ Payment Plan

This is a fillable form. Please open, fill out (online), save, and email as an attachment to [registration@frankfortparks.org](mailto:registration@frankfortparks.org) or turn in to Founders Center. **Photos of the form will NOT be accepted.**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (Parent 1) \_\_\_\_\_ (Parent 2) \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade (as of September 2024) \_\_\_\_\_ Age \_\_\_\_\_

Does your child have a medical condition that our camp staff should be aware of? YES NO

If so, please explain \_\_\_\_\_

**One Camp T-shirt is included in the fee and should be worn on field trip days. Campers may purchase an additional camp t-shirt for \$10.00 (optional).**

**Shirt Size (Circle One)**      6/8    10/12    14/16    AS    AM    AL    AXL    *Add'l Shirt-\$10 each*

Campers may register for the entire camp or one session (two-week commitment). Bi-weekly payment plans are available. Space will be limited.

**PLEASE NOTE:** The Half Day Camp will be held at the Susan A. Puent Building at 400 W. Nebraska, Frankfort.

**Please be aware of registration deadlines; no refunds will be given after the registration deadline. If you withdraw your child before the registration deadline, there will be a withdrawal fee of \$25 per child, per session. A bi-weekly payment plan is available, and a non-refundable deposit of \$25 per child, per session is required.**

**\*\*\*Save \$50 if you register and pay in FULL for all 4 (2-week) sessions.**

Sessions (2-weeks)		Fee: R \$230/NR \$255	
Please put a check by the session(s) your child will attend camp.		Time	Session 2: R \$207/NR \$232
Session 1: June 17 – 28 <b>Registration deadline: June 3</b>	9:00 am – 1:00 pm		
Session 2: July 1- 12 (No Camp 7/4)* <b>Registration deadline: June 17</b>	9:00 am – 1:00 pm		
Session 3: July 15 - 26 <b>Registration deadline: July 1</b>	9:00 am – 1:00 pm		
Session 4: July 29 – August 3 <b>Registration deadline: July 15</b>	9:00 am – 1:00 pm		
<b>Total:</b>			

Please indicate your choice of payment: ☐ Check ☐ Cash ☐ Credit Card  
☐ Payment Plan (Please visit the Founders Center for the Payment Plan form)

Account Number - must complete when using Visa, MasterCard, or American Express

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Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_ Charge Amount \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**Must have signature to be processed**

## **READ CAREFULLY**

Please be aware that, in signing up and participating in Frankfort Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms “I”, “me”, and “my” also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages of loss, which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I hereby grant authority to the Frankfort Park District and the teacher/instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Frankfort Park District, any and all participating cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons entities, or whatever nature, might be directly or indirectly liable for injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of this Agreement.)

I do hereby fully release and discharge the Frankfort Park District and any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Frankfort Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connection with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as “participation”, “programs”, and “activities”, referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to any from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless the nature of these programs for which I am registering, and have read and full understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warning of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

**CANCELLATION AND REFUND POLICY: The Frankfort Park District cancellation and refund policy can be viewed at [www.frankfortparks.org](http://www.frankfortparks.org).**

\_\_\_\_\_  
x Mandatory signature of participant, parent, or legal guardian

\_\_\_\_\_  
Date