**Illini Bluffs and Hollis Park District**

REGISTRATION FORM

# Child’s Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Date of Birth** | **Grade** |  |
|  |  |  |  | **□ Summer School** |
|  |  |  |  | **□ Summer School** |
|  |  |  |  | **□ Summer School** |
|  |  |  |  | **□ Summer School** |

Child/Children lives with: Both Parents Mother Father Guardian/Foster Parent

Parent/Guardians Information

|  |  |  |
| --- | --- | --- |
|  | **Mother □ IB Staff** | **Father □ IB Staff** |
| **Name** | **DOB:** | **DOB:** |
| **Address** |  |  |
| **Phone** | Home |  | Home |  |
|  | Cell |  | Cell |  |
|  |  | Carrier: |  | Carrier: |
|  | Work |  | Work |  |
|  |  | Email: |  | Email: |

Payment and Attendance Information

|  |  |
| --- | --- |
| **2025 Summer Camp****June 9-July 25** | **Fees** |
| *Daily* | *Weekly* |
|  | **Monday –Thursday****6:30am -5:30pm** | $35.00 |  |
|  | **Summer School Students 11:30-5:30pm** | $25.00 |  |
|  | **Fridays 6:30am-5:30pm** | $60.00 |  |
|  | **Weekly Rate for Camp** |  | **$180.00** |

|  |
| --- |
| **Payment is expected at registration. Please mark below how payment will be made** |
|  | Check or Money Order Weekly |
|  | HPD Online account |
|  | ***A 3% charge is added with a debit or credit card.*** |

I understand that payment is due when services are rendered, and that I will be responsible for payment at that time. I also understand I am responsible for any costs of collection (if necessary) such as collection fees, attorney fees, and court costs.

Parent/Guardian Signature: Date:

***Administration Office*** 9424 S. Mapleton Road Mapleton, IL 61547

309-697-2944

Website: [www.hollispark.org](http://www.hollispark.org/)

***Hollis Recreation Center*** 10107 S. Vine

Mapleton, IL 61547 309-697-2944 ***press 1***

**OVER**

***BAC Room 309-389-4682***

***Janet Weaver, Program Coordinator & Director, email:*** ***jweaver@ib327.com***

Child’s Health Information

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Address** | **Phone** |
| **Physician** |  |  |  |

|  |  |
| --- | --- |
| **Current Medications** |  |
| **Allergies** |  |
| **Other Medical****Concerns** |  |

Emergency and Pick-Up Information

In addition to the parent(s)/guardians listed on the previous page, listed below are others who can be contacted in the event of emergency (if the parent/guardian cannot be reached) and are authorized to pick up the child.

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Relationship to Child** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Waiver/Release:***

Parent/Guardian Consent

I hereby certify that I or as parent or legal guardian of the above named child, that I/he/she is in good health and capable of safe participation in this program/activity. I understand and assume all risk(s) and hazards incidental to the conduct of the program/activity including the transportation to and from the program/activity. I hereby authorize Illini Bluffs and Hollis Park District to obtain medical treatment for the child in the event that no parent(s) or legal guardians are available to consent to said treatment. Initial: (Parent/Guardian)

I support the Hollis Park District philosophy, which is based on participation, fun, physical fitness and health,

skill development, teamwork, fair play, family involvement, character development and volunteer leadership.

Initial: (Parent/Guardian)

I hereby grant permission for pictures and/or videos to be taken of myself/my child during this program for future

promotional use for no consideration. Initial: (Parent/Guardian)

I agree to hold Illini Bluffs and Hollis Park District, and its officers, directors, employees and agents harmless from any losses and damages to myself/my child resulting from participation in these activities. Initial: (Parent/ Guardian)

## Field Trip Permission:

I/We hereby give permission for to attend all field trips as part of the **Summer Camp Program** with Illini Bluffs and Hollis Park District. Initial: (Parent/Guardian)

Parent/Guardian Signature: Date:

 ***COMPLETED FORM MUST BE RETURNED to the SUMMER CAMP STAFF BEFORE PARTICIPATING.***