



Little Lambs Summer Camp Registration Form 2010

(fill out one form for each camper)

Please return registration form to the Youth Center.

TYS
25519 W. Hwy 134 Ste B.
Ingleside, IL 60041

Camper's Name: _____ Date of Birth: _____ Circle One: M F
 Home Phone: _____ Age of Child: _____ Grade in Fall '10: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Mother: _____ Father: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____

T-Shirt \$6.50 each *while supplies last* child small 6/8 child medium 10/12 child large 14/16

Please mark X where your child will be attending:

Week:	Mon	Tues	Wed	Thurs	Fri
June 1-4	NO				
June 7-11					
June 14-18					
June 21-25 *** <i>Camp 12-3 p.m.</i>					
July 12-16					
July 19-23					
July 26-30					
August 2-6					
August 9-13		NO			
August 16-20					NO

Final week of summer camp dependent upon start up date for Big Hollow & Gavin Schools

*** Vacation Bible School is offered at Trinity Lutheran Church this week from 9:00 a.m.-12:00 p.m. We encourage our families to participate in this wonderful experience. Summer Camp will be held from 12:00 p.m.-3:00 pm. this week. Rate June 21-25 = \$19.00/day (VBS fees separate, register @847-546-2109)

Camp Hours: 10:00 a.m. - 2:00 p.m. Rates: \$22.00/day or \$100.00/week minimum 2 days
 Registration Fee: \$30.00 individual / \$35.00 family before May 8th \$40.00 after
 Key Card Fee: \$5.00 each **Tuition is due the every Thursday prior to the week of camp**
 Activity Fee for all children participating in cooking week \$5.00 *same price regardless of # of days attending*

Completed registration form, medical, birth certificate (new campers) due min. 2 weeks prior to start of camp.

Reg Paid: check # _____ \$ _____ date _____ 1st week Paid: check # _____ \$ _____ date _____

Please recognize TYS as Trinity Lutheran Youth Services in the below agreement.

I, the parent/legal guardian, understand that I am responsible for all camp costs for designated days regardless of my child's attendance. No refund or credit will be given for illness or absence.

I understand that payment for all camp start-up costs are to be paid in full prior to the start of camp, this includes: registration fee and 1st week of camp. I understand that if my payment is not received on the first day that my child attends camp, my child will not be allowed to attend. I understand that if TYS receives a returned check, I will incur a \$25 NSF charge and a \$20 late payment fee. I understand that if I withdraw my child without notice and there is an existing balance on my account, TYS will turn my account information to a collection agency and I will be responsible for those additional fees plus the existing account balance.

I understand that if my payment is not received on time my child will not be allowed to attend Summer Camp. I understand that in order for my child to return to Summer Camp, I am responsible for paying the entire account balance.

I have read, understand, and agree to the policies and procedures outlined in the Parent Handbook. I have read and accept the TYS Expectations for Campers and Enrollment Standards.

My child has my permission to attend and participate in swimming/water activities.

In an emergency, I give consent for Public Safety Officers to transport my child to the nearest hospital or medical clinic to receive the necessary medical attention if unable to contact the parent/legal guardian.

I give consent to allow my child to be photographed (without compensation) for possible use in the center's newsletter, brochure, or other publicity materials.

I understand that TYS does not and will not assume any responsibility for the treatment of or the physical consequence of treatment given to a child who has a pre-existing physical or mental condition and who attends any program at TYS. TYS does not assume responsibility or liability for a child's physical or mental condition caused by a pre-existing illness, disease, or the treatment received by said child for said pre-existing condition, illness, or disease. I understand and agree to the foregoing and further hereby release TYS, its agents, employees, and representatives from any responsibility or liability which may be alleged to exist as a result of my child's pre-existing condition or from the consequences of the treatment of such pre-existing condition.

I understand that by signing this form I will be waiving and releasing all claims for injuries my child might sustain arising out of our program. I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including death, damages or less which my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have, as a result of participating in the program, against TYS, its officers, agents, servants, and employees. I do, hereby, fully release and discharge TYS and the above mentioned from any and all claims resulting from injuries including those listed above.

All the above information is correct and complete. I understand that all registration fees are non-refundable. All schedule changes must be received by the Summer Camp Director a minimum of two days prior to change.

Parent Name (print): _____

Parent/Legal Guardian (signature): _____ Date: _____