

# SUMMER CAMP REGISTRATION FORM

Family Name (Last) \_\_\_\_\_ # of Children to Enroll \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Resident  NR

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

Parent/Guardian Names \_\_\_\_\_

Email \_\_\_\_\_

Participant Names	DOB	Shirt Size (YXS- AXL)

PAYMENT INFORMATION		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit
Card # _____		
Exp. Date: _____		CVV _____
Check # _____	Amount Paid _____	

Camp Week	Location & Theme	Before/After Care	Field Trip	Total \$
Week #1 June 10-14	<input type="checkbox"/> DeBroux      Games Galore <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #2 June 17-21	<input type="checkbox"/> DeBroux      Super Heroes & Villains <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #3 June 24-28	<input type="checkbox"/> DeBroux      Around the World <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #4 July 8-12	<input type="checkbox"/> DeBroux      All Ball <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #5 July 15-19	<input type="checkbox"/> DeBroux      Going Green/Nature <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #6 July 22-26	<input type="checkbox"/> DeBroux      Messy Week <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #7 July 29-Aug 2	<input type="checkbox"/> DeBroux      Splish- Splash <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #8 Aug 05-09	<input type="checkbox"/> DeBroux      Camp Olympics <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #9 Aug 12-16	<input type="checkbox"/> DeBroux      Design & Construct (S.T.E.M.) <input type="checkbox"/> Josten	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Week #10 Aug 19-23	<input type="checkbox"/> DeBroux      DeBroux's Got Talent!	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Total:</b>				

Liability Waiver: I understand participation in parks and recreation programs involves elements of risk or danger for all participants and may cause serious injury, death or property loss. I agree to assume these risks for my family and release the Village of Bellevue, its employees, volunteers agents and other participants from any liability for injuries and damages sustained while participating in these programs.

Signature \_\_\_\_\_

Date \_\_\_\_\_