

# School's Out Plex Camp Registration Form

## General Info

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (As of Fall 2017): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Circle the rate of pay that applies:** Charter Member: \$25/day

Member: \$30/day

Non Member: \$35

**Day of registrations will result in an \$10 additional fee**

**Circle the days your child will be attending:**

Oct: 6, 9

Nov: 10, 22, 24

Dec: 20, 21, 22, 26, 27, 28, 29

Jan: 2, 3, 15

## Authorized Pick Up

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

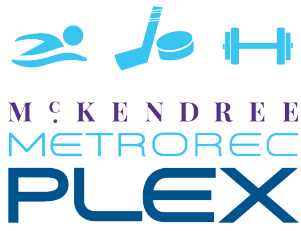
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

## Waiver and Release of all Claims

As a participant in the above noted activity; you acknowledge the use of the Metro Rec Plex facilities, equipment, merchandise, services, and programs (including personal training) involves the inherent risk of personal injury to yourself, guests and invitees. You voluntarily agree to assume all risks of personal injury to yourself, spouse, partner, children, unborn children, other family members, guests and invitees while using the Metro Rec Plex, its equipment, supplies, supervised or unsupervised programs in exercise rooms, on running track, in swimming pools, gymnasium, ice rinks, locker rooms, showers, dressing rooms, grounds and parking lots and waive any and all claims or actions that you may have against the Metro Rec Plex, any of our officers, directors, employees, agents or successors. The provisions of this section shall survive the expiration of the program. I hereby certify that the named participant is in good physical condition and able to safely participate in a class of this type. **Release:** I grant permission to the McKendree Metro Rec Plex and its representatives to take photography and video and publish my likeness or my child's likeness with or without my name in print and electronic media outlets without limitation and without any form of compensation for the lawful purposes of publicity, advertising and website content. I release the McKendree Metro Rec Plex and its representatives from all claims and demands arising out of or in connection with the use of my likeness or my child's likeness.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# School's Out Plex Camp Registration Form

## Medical Authorization Form

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List all known medical conditions including food allergies: \_\_\_\_\_

List any over the counter, or prescription drugs taken regularly: \_\_\_\_\_

### If an emergency occurs and neither parent or guardians can be reached, please contact:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

## Health Report and History

Check any or all that may apply:

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a Behavior Management Plan? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a 504 Student Accommodation Form? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the Registration Form.

Enrollment will NOT be considered final until all required processes have been met and reviewed.

Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.

Has your child been diagnosed with the following: \_\_\_\_\_ ADD \_\_\_\_\_ ADHD \_\_\_\_\_ DD \_\_\_\_\_ ID \_\_\_\_\_ ED \_\_\_\_\_ ODD \_\_\_\_\_ OCD  
\_\_\_\_\_ Autism \_\_\_\_\_ Aspergers \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Down Syndrome \_\_\_\_\_

Chronic Health Condition \_\_\_\_\_ Other \_\_\_\_\_

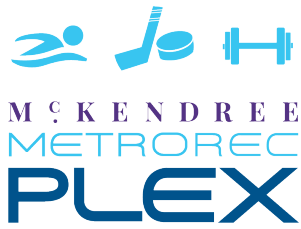
## Immunization Record

I/We certify that our child has received and is current on their immunization. \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Payments are drafted the Friday prior to program's start date.**



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Dec: 20, 21, 22, 26, 27, 28, 29      Jan: 2, 3, 15

I \_\_\_\_\_ (full name) authorize McKendree MetroRecPlex to charge my credit card  
account indicated below for \_\_\_\_\_ (amount) on or after \_\_\_\_\_ (date). This payment is for  
\_\_\_\_\_.  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

<p>Account Type: <input type="checkbox"/> Visa      <input type="checkbox"/> MasterCard      <input type="checkbox"/> Discover      <input type="checkbox"/> Card already on file</p> <p>Cardholder Name _____</p> <p>Account Number _____</p> <p>Expiration Date _____</p> <p>Security Code _____</p>	After
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account is set up, MMRP Staff destroy the payment information listed above.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.