



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: _____

Home: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

Email*: _____

Parent/Guardian: _____

Home: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

Email: _____

***Required~updates sent via email before camp starts**

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 25% part day discounts available

Circle the days your child will be attending:

Feb. 16	19	Mar. 16	20	28	29	30
Apr. 2		May 18	22	28		

Typical Drop off Time: _____ Typical Pick Up Time: _____

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:** _____



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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: _____



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

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Apr.	2		May	18	22	28		

I _____ authorize McKendree MetroRecPlex to charge my credit card
(full name)
 account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover Card already on file

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code _____

After 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.