

# Plex Summer Camp Registration Form

## General Info

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

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

Grade (As of Fall 2018): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

## \*\*Important camp information is sent via email

## Authorized Pick Up

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

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

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

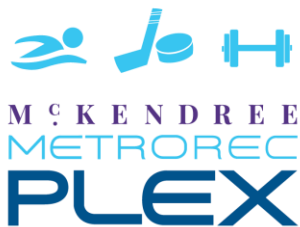
## Waiver and Release of all Claims

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 MetroRecPlex 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 \_\_\_\_\_

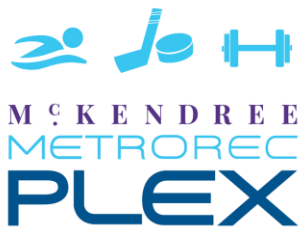
Chronic Health Condition \_\_\_\_\_ Other \_\_\_\_\_

## 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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**Camper:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

Typical drop off time: \_\_\_\_\_ Typical pick up time: \_\_\_\_\_

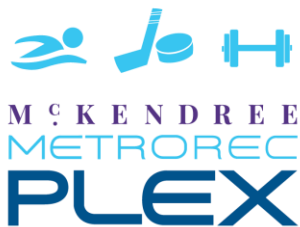
How did you hear about our camp?  online search     social media     mailer     friend  
 flyer     other

Notes: \_\_\_\_\_

**Please indicate the weeks your child will attend Plex Camp**

	<i>2018 Plex Dates</i>	<i>Themes</i>	<i>Notes</i>
<input type="checkbox"/>	May 21 <sup>st</sup> – May 25 <sup>th</sup>	Bonus Week	<i>School's Out Camp Available</i>
<input type="checkbox"/>	May 28 <sup>th</sup> -June 1	Backyard Bash	<i>School's Out Camp Available</i>
<input type="checkbox"/>	June 4 <sup>th</sup> -June 8 <sup>th</sup>	Sports Camp	I
<input type="checkbox"/>	June 11 <sup>th</sup> -June 15 <sup>th</sup>	Secret Spy Camp	
<input type="checkbox"/>	June 18 <sup>th</sup> -June 22 <sup>th</sup>	Olympics 101	
<input type="checkbox"/>	June 25 <sup>th</sup> – June 29 <sup>th</sup>	Art Camp	
	<b>NO CAMP</b>		<i>School's Out Camp Available</i>
<input type="checkbox"/>	July 9 <sup>th</sup> -June 13 <sup>th</sup>	Survivor Games	
<input type="checkbox"/>	July 16 <sup>th</sup> -July 20 <sup>th</sup>	S.T.E.A.M. Science	
<input type="checkbox"/>	July 23 <sup>rd</sup> -July 27 <sup>th</sup>	Shark Week!	<b>No ice skating</b>
<input type="checkbox"/>	July 30 <sup>th</sup> -Aug. 3 <sup>rd</sup>	Wild Animal Camp	
<input type="checkbox"/>	Aug 6 <sup>th</sup> – Aug 10 <sup>th</sup>	Best of the Plex	
	<b>NO CAMP</b>		<i>School's Out Camp Available</i>

<b>Payment Worksheet</b> <b>Regular Camp - weekly</b> \$100 Charter \$110 Member \$115 Non  Total: _____ weeks  Cost: \$ _____	<b>Discounts</b> Before 4/1 <input type="checkbox"/> \$10 off per week Before 5/1 <input type="checkbox"/> \$5 off per week  Total: _____ weeks  Cost: \$ _____	<b>Plex Plus Time- weekly</b> Extended Care Hours <input type="checkbox"/> \$25/ week  Total: _____  Cost: \$ _____	<b>Tee Shirt</b> <i>optional</i> \$10  Size: _____  \$ _____	<b>Deposit</b> <b>Required for payment plan</b> \$20 payment per child per week  Total weeks: _____  \$ _____
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# Plex Summer Camp Registration Form

\_\_\_\_\_ authorize McKendree MetroRecPlex to charge my payment  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

deposit \$ \_\_\_\_\_  full payment \$ \_\_\_\_\_

I understand that payment plans are set up for the Friday prior to the camps' start date for the remaining balance owed.

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.