

# SpringHill Illinois Day Camp Registration



<b>CAMPER INFORMATION</b>	Camper's first name	Camper's last name	Birth date	Grade completed by June 2017	Gender	Father's e-mail
	Parent or guardian's full name		Spouse's name		Mother's e-mail	
	Street address	City	State		Zip code	
	Home phone	Business phone (indicate whose)	Father's cell phone		Mother's cell phone	
	Camper's church (if applicable)		Camper's School/School City			
Please specify your camper's ethnicity and race below. The following information is helpful when seeking funding opportunities for campers. Do you consider your camper's ethnicity to be Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Which category best describes your camper's race? <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown						

<b>PROGRAM REGISTRATION</b>	<b>DAY CAMP LOCATION (CHURCH/SCHOOL/CITY)</b>	Dates attending (beginning and end)	<b>Camper's previous SpringHill attendance</b>
	For Day Camp locations visit <a href="http://springhillcamps.com">springhillcamps.com</a>		<input type="checkbox"/> Michigan Overnight <input type="checkbox"/> Indiana Overnight <input type="checkbox"/> Day Camp <input type="checkbox"/> None
<b>Teammate Choices:</b> List up to three friends and parent e-mail addresses			

<b>SPECIAL NEEDS</b>	We want to make sure that each child receives the level of attention needed to provide an incredible, inclusive camp experience. Our staff will contact you if there is concern that your camper's needs may require additional assistance from our staff or potentially exceed our ability to provide exceptional care to him/her and others.	
	Does your camper have any physical, emotional, mental or behavioral challenges that have been professionally diagnosed or are under evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate the severity of all applicable conditions: 1 Mild, 2 Moderate, 3 Severe <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Asperger's <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Autism <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 ADD/ADHD <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Blind/legally blind
	Does your camper currently receive special assistance at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will your camper potentially require special attention in order to participate in normal camp activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Indicate any behavior concerns		
Additional information		

<b>PAYMENT INFORMATION</b>	<b>Billing Information</b> To enroll, your application and deposit must be recorded in our system. A deposit of \$75 is required when registering. Your signature below authorizes collection of your deposit of \$75, as well as automatic collection of your balance on May 1, 2017 using the same payment method. Your camper's account will be charged \$15 for each returned payment. <b>To help keep camp costs down, the preferred payment method is Electronic Check.</b>	
	<b>Cancellation Policy</b> If cancellation is made after enrollment, result is forfeiture of your \$75 deposit. Cancellations made seven days or less prior to the first day of camp results in a \$100 cancellation fee. No shows will forfeit the entire amount of the camp fee. Refunds will be mailed in the form of a check within 2-4 weeks of cancellation or credited electronically to the account used to make the deposit.	
	<b>Method of payment</b>	
	<input type="checkbox"/> <b>Electronic transfer from checking account:</b> Bank name _____ Bank transit/routing number _____ Bank account number _____ <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Name on card _____ Card number _____ Exp. date _____ <input type="checkbox"/> Check enclosed (Your check will be processed as an EFT as well as the remaining balance on May 1, 2017. A \$15 charge will be applied for returned payments.)	
	Amount authorized \$ _____	<input type="checkbox"/> <b>Extended PM Hours:</b> 4:00-5:30 Additional \$25/week Promo Code? _____
<b>Authorized signature</b> (without your signature, it will not be possible for us to process your registration)		

<b>SPRINGHILL CAMPS (ILLINOIS) RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT TO MEDICAL ATTENTION</b>	<p>I understand that all day camp and recreational programs carry with them significant risks. Although SpringHill Camps ("SpringHill") has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my being allowed to participate in a day camp or recreational program or activity (the "Program"), sponsored by SpringHill, I, and if I am not yet 18 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular), agree to be bound by each of the following: <b>1. Voluntary Participation.</b> I understand and confirm that my participation in the Program is voluntary. <b>2. Identification of Risks.</b> I understand that there are certain dangers, hazards, and risks inherent in day camp and recreational activities. More specifically, there are certain dangers, hazards, and risks inherent in certain activities conducted at the Program, including, but not limited to, climbing walls, inflatables, water games and events, and outdoor games, all of which are regularly scheduled Program activities, and I may voluntarily participate in some or all of these activities. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known to SpringHill and not reasonably foreseeable at this time. I further understand that some of the premises, facilities, and equipment used in connection with the Program may not be owned, maintained, or controlled by SpringHill, but rather by the premises owners (the "Premises Owners"). I understand that this Release of Liability, Waiver, Indemnification, and Consent is intended to address all of the risks of any kind associated with my participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of SpringHill or its directors, officers, employees, agents, volunteers, successors, or assigns (collectively, the "Representatives"), including, but not limited to, risks created by the following: (a) my physical, emotional, and psychological limitations and/or discomfort; (b) the physical, emotional, and psychological limitations and/or discomfort of others; (c) the use and/or condition of premises on which various Program events occur; (d) the lack or inadequacy of policies, rules, or regulations with respect to the Program; (e) the failure of SpringHill or its Representatives to foresee or protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons; (f) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (g) the lack or inadequacy of supervision by SpringHill or its Representatives. <b>3. Assumption of Risk.</b> I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Program. <b>4. Release and Waiver.</b> I release and hold harmless SpringHill and its Representatives from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, to the fullest extent permitted by law, in any way connected with my participation in the Program, even if caused in whole or in part by the negligent acts or omissions or other misconduct of SpringHill or any of its Representatives (a "Claim"). This release does not apply to reckless or intentional misconduct of SpringHill or any of its Representatives. <b>5. Indemnification.</b> I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) SpringHill and its Representatives, and the Premises Owners, from any Claim or expense, including reasonable attorneys' fees for the legal counsel of SpringHill's choice (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with a Claim. <b>6. Binding Effect.</b> This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of SpringHill, the Program, and their respective directors, officers, employees, agents, volunteers, successors, and assigns. <b>7. Consent to Medical Treatment.</b> I authorize SpringHill and its Representatives, and the Premises Owners, if present, to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Program. This consent does not impose a duty upon SpringHill or its Representatives, or upon the Premises Owners, to provide such assistance, transportation, or services. <b>8. Severability.</b> If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument. <b>9. Applicable Law.</b> Because the SpringHill Program is located in the State of Illinois, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of Illinois.</p> <p><b>THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT VOLUNTARILY. IN EXCHANGE FOR MY CHILD OR WARD BEING ALLOWED TO PARTICIPATE IN THE PROGRAM, AND AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED INDIVIDUAL, I VERIFY THAT I FULLY UNDERSTAND, AGREE TO, AND ACCEPT ALL PROVISIONS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT.</b></p>	
	PRINTED NAME	SIGNATURE