

FRIENDSHIP CENTRE AT HIGHPOINT

Camp Friendship Registration Form

CAMP SESSIONS

Session One _____ June 6-June 10
Session Two _____ June 13-June 17
Session Three _____ June 20-June 24
Session Four _____ June 27-July 1
Session Five _____ July 5- July 8(no camp July 4th)
Session Six _____ July 11-July 15
Session Seven _____ July 18- July 22
Session Eight _____ July 25- July 29
Session Nine _____ August 1- August 5
Session Ten _____ August 8-August 12
Early Care (6:45a.m.-9:00a.m.) _____ Late Care(4:30p.m.-6:30p.m.) _____

*VISA/MC Account # _____ - _____ - _____ Exp. Date: _____ / _____
*CHECK Check Number: _____

*Automatic Payment Authorization: I authorize my bank to make my Camp Friendship Summer Camp payment(s) on the 1st of each month for June, July, August of 2011. Bank EFT: Please attach voided check for EFT Verification. Visa/MC EFT: Please complete information above and sign. NSF Fee: \$30.00. The Registration Fee is non-refundable.

EFT Payment Authorization Signature: _____ Exp. Date _____ / _____

Registration Fee(1st time Campers): \$30.00
Camp Program Fee: \$ _____
Before/After Care Fee: \$ _____
Total Amount Enclosed \$ _____

Please mail completed Registration Form along with payment to:

Friendship Centre at HighPoint

Attention: Camp Friendship • 175 South HighPoint Drive • Romeoville, Illinois 60446

P: (815) 588-6130 F: (815) 588-6159

- **Please make checks payable to the IFC at HighPoint **Payment Options**
1) Pay in Full 2) 1/2 Down, 1/2 due by June 5th 3) 25% down 3 EFT Payments
4) Pay Weekly (1st payment due with registration form)

CAMPER INFORMATION

Child's Name _____ Sex: M / F
Age: _____ Date of Birth: ____/____/____ Friendship Centre Member (Please Circle): Yes No
Parent/Guardian: _____
Street Address: _____
City, State: _____, _____ Zip Code: _____
Home Phone: () _____ - _____ E-Mail Address: _____
Work Phone: (Mother) () _____ - _____ Work Phone: (Father)() _____ - _____

EMERGENCY INFORMATION/CONTACT

Name: _____ Phone: () _____ - _____
Name: _____ Phone: () _____ - _____

OTHER PERTINENT INFORMATION

Please list any special needs, physical conditions, or allergies your child may have: _____

Swimming Ability: _____

Please list the name of anyone other than parents authorized to pick-up your child from camp:

Name: _____ Phone: () _____ - _____

RELEASE

I, as parent/guardian of _____, hereby give permission for my child or ward to attend the Camp Friendship Day Camp Program and to participate in all the activities associated with the camp. The Friendship Centre and Institute for Community shall not be liable for any damages arising from personal injuries sustained by my child arising from camp activities. I agree to fully and forever release and discharge FC/IFC at HighPoint and their owners, employees, and agents from any and all claims, demands, rights of action or cause of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my child's activities and participation and the Camp Friendship Day Camp. I also authorize the FC/ IFC at HighPoint to use any photographs taken during the program for promotional purposes.

Signature of Parent/Guardian: _____ Date: _____