**Camp Friendship Registration Form**

**Session 1 \_\_\_\_\_June 5-June 9 Session 6 \_\_\_\_\_July 10-July 14**

**Session 2 \_\_\_\_\_June 12-June 16 Session 7 \_\_\_\_\_July 17-July 21**

**Session 3 \_\_\_\_\_June 19-June 23 Session 8 \_\_\_\_\_July 24-July 28**

**Session 4 \_\_\_\_\_June 26-June 30 Session 9 \_\_\_\_\_July 31-August 4**

**Session 5 \_\_\_\_\_July 5-July 7 (No Camp 7/3 & 7/4) Session 10 \_\_\_\_\_August 7-August 11**

**\_\_\_\_\_Before Care Needed (6:45a.m.-9a.m.) Expected Drop Off Time\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_After Care Needed (4:00p.m.-6:00p.m.) Expected Pick Up Time\_\_\_\_\_\_\_\_\_\_\_-**

**Payment Options:**

**\_\_\_\_\_Pay In Full \_\_\_\_\_Pay ½ Now, ½ July 15th \_\_\_\_\_4 Payments (5/1, 6/1, 7/1, 8/1) \_\_\_\_\_Weekly**

**Family Registration Fee \_\_\_\_\_\_\_ Total Enclosed $\_\_\_\_\_\_\_\_\_\_**

**Please Mail or email completed registration fee and payment to:**

**Friendship Centre at HighPoint-Att: Summer Camp-175 S HighPoint Dr.-Romeoville, IL 60446 OR**

**cgore@instituteforcommunity.org** **Please Make checks payable to: IFC**

**CAMPER INFORMATION**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F**

**Age:\_\_\_\_\_\_\_\_ Date of Birth\_\_\_/\_\_\_/\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_**

**Phone # 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Swimming Ability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any special Needs/physical conditions/allergies your child may have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (Other than parents able to pick up child/children)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE**

**I, as parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission for my child or ward to attend the Camp Friendship Camp program and to participate in all the activities associated with the camp. The Friendship Centre, Institute for Community, HighPoint Apartments, MMI shall not be held 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 the FC/IFC/HP/MMI 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 in the Camp Friendship Camp Program. I also authorize the FC/IFC to use any photographs taken during the program for promotional purpose**

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