



jolietpark.org

**Kathy Green Multi-Purpose Center**  
3000 W. Jefferson St., Joliet, IL 60435  
815-741-7275 ext. 160; 815-741-3082  
fax: 815-741-3082

**Nowell Park Recreation Center**  
199 Mills Road, Joliet, IL 60433  
815-630-5537 fax: 779-206-4911

# Summer Camp Registration Form



Office Use Only

Employee Initials

Process Date

## Participant Application

Phone		Other Phone	
Head of Household		Date	
Address		City	Zip
Email			

### Kathy Green Multi-Purpose Center Camps

- Discovery Day Camp
- Daytime Adventures Camp
- Other \_\_\_\_\_

### Nowell Park Recreation Center Camps

- Camp Bravehart

## Participant Information

Participants Name	DOB	Activity Title	EFT	Cost
First & Last Name	_____	_____	<input type="radio"/>	_____
First & Last Name	_____	_____	<input type="radio"/>	_____
First & Last Name	_____	_____	<input type="radio"/>	_____
				<b>Total</b>

## Authorization Agreement for Preauthorized Payments

By signing, I (we) \_\_\_\_\_ hereby authorize the Joliet Park District ("Park District") to initiate debit and/or credit entries to my (our) credit card account held with the Depository named below ("Depository"), and hereby authorize the Depository to debit and/or credit such entries to this account and complete the transfer of funds. I (we) understand that a monthly payment of \$ \_\_\_\_\_ will be drawn from my (our) account on day specified on receipt.

By signing, I (we) understand that this authority is to remain in full force and effect until I (we) cancel it and that prior to canceling this authority, I (we) must provide the Park District with 30 days written notice of the same. I (we) also understand that the Park District may change the rate and/or terms of payment from time to time, and that in the event of such an occurrence, the Park District will give me 30 days written notice of any change that will be reflected in the monthly billing (debited) amount. If the primary member cancels, the add-on members will take over the account. The same billing information will be used to debit the dues unless new debit information is given. Fees are subject to change.

### Credit Card Information

- Visa
- MasterCard
- American Express
- Discover

Card Holder Name	
Card #	Exp. Date
CVV Code (last 3 digits from back of card)	
Authorized Signature	

### Credit Card Billing Information

- Same as head of household address.

Name		
Address		
City	State	Zip
Phone	Email	

### Paid In Full

\_\_\_\_\_

Date

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**Fees and Payment Structure**

- Fees are based on current rates as published.
- Payment plan memberships will remain active until a 30-day written notice of cancellation has been made to the Joliet Park District. If canceling a payment plan, the membership will remain active until the 1st day of the following month after the last billing.

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**Tax Deduction Information**

- Joliet Park District Federal Employer Tax ID # is 36-6005938

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**Policies & Procedures**

- All participants will adhere to the policies and procedures of the Joliet Park District.
- The Joliet Park District reserves the right to resubmit a payment at any time.
- If it is found that a participant's address does not qualify for Joliet Park District residency, the participant is responsible for paying the increased non-resident rate.
- A lost or stolen RDC ID card may be replaced for \$10.
- Joliet Park District may terminate a membership for lack of payment or failure to adhere to Park District policies and procedures.
- Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publication and use as the Park District deems necessary.
- The Joliet Park District intends to comply with the interest and spirit of the Americans With Disabilities Act. If you need any special accommodations, please call the Park District.  
Americans With Disabilities Act: Special Needs?  Yes  No

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**Joliet Park District Physical Readiness, Assumption of Risk, Waiver and Hold Harmless Agreement**

The Joliet Park District owns and operates a facility known as the Kathy Green Multi-Purpose Center

**Assumption of Risk, Waiver of Liability and Hold Harmless:**

Physical activity, by its nature has certain inherent risks of injury. **By signing below, I am saying that I have read each of the following clauses and agree to them as a condition for my use and enjoyment of the Kathy Green Multi-Purpose Center facilities and programs.**

**Physical Readiness, Assumption of Risk and Waiver of Liability and Hold Harmless:**

I, for myself and/or my minor child, my heirs, personal representatives or assigns, represent that:

- \* I have consulted a physician/made inquiry into my physical health and have assessed all risks associated with physical activity and am in good physical condition and have no physical conditions which limit my participation; and,
- \* I will be solely responsible for my physical health, for compliance with any and all physical activity restrictions or recommendations that I have received from medical professionals and I will stop any activity or program if I feel fatigue or discomfort of any kind; and,
- \* I recognize that I may engage in a variety of physical activities, including any exercise program(s) that I may register for, and will use a variety of equipment including but not limited to running, swimming, weight lifting, aerobic classes, acrobatics, and other sporting activities some of which may be vigorous in nature; and,
- \* My participation in any such activities is voluntary; and,
- \* I knowingly assume all risk of injury (minor, major, catastrophic/fatal) associated with such activities including by example, but not limited to, heart attacks, strokes, heart stress, falls, sprains, broken bones, torn muscles or ligaments and injury from the actions or decisions made regarding medical or survival procedures.

Instructors reserve the right to call for emergency medical aid for an injured participant and said participant accepts responsibility for any financial obligations arising from such emergency medical aid or transportation to a medical facility.

I, for myself and/or my minor child, my heirs, personal representatives or assigns, **voluntarily accept and specifically assume all risk of injury** while I am using or present using any equipment or services, or participating in any Kathy Green Multi-Purpose Center program. I, for myself and/or my minor child, my heirs, personal representatives or assigns, do hereby **release, waive, discharge, indemnify, hold harmless and pledge not to sue** the Joliet Park District, its Commissioners, officers, employees and agents for any and all claims, causes of action, damages and attorney's fees, that may arise against the Joliet Park District, its Commissioners, officers, employees and agents resulting from any injury (Whether to mind or body, personal property or economic), related (but not limited) to my participation in classes, activities, observation and use of facilities, premises, programs or equipment of the Kathy Green Multi-Purpose Center.

**Interpretation/Severability:** This document is intended to be interpreted as broadly and inclusively as permitted by Illinois law. If any portion of this document is found unenforceable, the remainder of this agreement shall remain in full force and effect.

**I, the undersigned, have read the foregoing and knowingly agree to these terms.**

Is participant a minor?  Yes  No

\_\_\_\_\_  
Participant/Parent's Signature (if participant is under 18 years of age)      Date

\_\_\_\_\_  
Printed Name of Participant or Parent

\_\_\_\_\_  
Participant/Parent's Signature (if participant is under 18 years of age)      Date

\_\_\_\_\_  
Printed Name of Participant or Parent

\_\_\_\_\_  
Participant/Parent's Signature (if participant is under 18 years of age)      Date

\_\_\_\_\_  
Printed Name of Participant or Parent

\_\_\_\_\_  
Participant/Parent's Signature (if participant is under 18 years of age)      Date

\_\_\_\_\_  
Printed Name of Participant or Parent