

2024 SUMMER CAMP REGISTRATION FORM

Family Name _____ # of Children to Enroll _____

Home Phone _____ Cell Phone _____ Email _____

Street Address _____ City _____ Zip Code _____ Resident ☐ NR ☐

Parent/Guardian Names _____

Participant Names	Gender	DOB	Shirt Size

PAYMENT INFORMATION

☐ Cash ☐ Check ☐ Credit

Card #: _____

Sec Code: _____ Exp. Date: _____

Amount Paid: _____

CAMP WEEK	LOCATION/THEME	BEFORE / AFTER CAMP CARE	TOTAL \$
WEEK #1 June 10-14	<input type="checkbox"/> Green Isle Park (Shipwrecked)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #2 June 17-21	<input type="checkbox"/> Green Isle Park (Wizards, Witches & Lazer Tag)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #3 June 24-28	<input type="checkbox"/> Green Isle Park (Around the World in 5 Days)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #4 July 8-12	<input type="checkbox"/> Green Isle Park (Lost in Space)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #5 July 15-19	<input type="checkbox"/> Green Isle Park (Outdoor Explorers)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #6 July 22-26	<input type="checkbox"/> Green Isle Park (Ooey Gooey Sticky)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #7 July 29- Aug 2	<input type="checkbox"/> Green Isle Park (Sports of All Sorts)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #8 Aug. 5-9	<input type="checkbox"/> Green Isle Park (Camp Olympics)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #9 Aug. 12-16	<input type="checkbox"/> Green Isle Park (Creepy Crawlies)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
WEEK #10 Aug. 19-23	<input type="checkbox"/> Green Isle Park (Camps Got Talent)	<input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp	\$ _____
Total:			\$ _____

Payment: When paying by mail or online, all fees are due at time of registration. **If paying in person** (1900 Libal St) a minimum of first week must be paid for each child registered as well as a Bank/Credit Card Authorization form must be completed at time of registration. Balance of camp registration fees must be paid by June 1 (remaining balance on account will be deducted from bank/credit card on file on June 1). Outstanding balances after June 1 will result in forfeit of your child's registration in unpaid weeks.

Liability Waiver: I understand participation in parks and recreation program involves elements of risk or danger for all participants and may cause serious injury, death or property loss. I agree to assume these risks for my family and release the Village of Allouez, its employees, volunteers agents and other participants from any liability for injuries and damages sustained while participating in these programs.

Signature _____ Date _____