

2025 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 |
|-------------------|--------|-----|------------|
| | | | |
| | | | |
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| | | | |

PAYMENT INFORMATION

Cash Check Credit

Card #: _____

Sec Code: _____ Exp. Date: _____

Amount Paid: _____

| CAMP WEEK | LOCATION/THEME | BEFORE / AFTER CAMP CARE | TOTAL \$ |
|---------------------------------|--|---|----------|
| WEEK #1 June 9-14 | <input type="checkbox"/> Green Isle Park (Disney) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #2 June 16-20 | <input type="checkbox"/> Green Isle Park (Wild Water Week) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #3 June 23-27 | <input type="checkbox"/> Green Isle Park (Rockin' Roller Coasters) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #4 July 7-11 | <input type="checkbox"/> Green Isle Park (Skating through the Decades) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #5 July 14-18 | <input type="checkbox"/> Green Isle Park (Wisco Days) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #6 July 21-25 | <input type="checkbox"/> Green Isle Park (Camp Olympics) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #7 July 28-Aug 1 | <input type="checkbox"/> Green Isle Park (Allouez Adventures) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #8 Aug. 4-8 | <input type="checkbox"/> Green Isle Park (The Great Science Escape) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #9 Aug. 11-15 | <input type="checkbox"/> Green Isle Park (Wildlife Wonders) | <input type="checkbox"/> Before Camp <input type="checkbox"/> After Camp | \$ _____ |
| WEEK #10 Aug. 18-22 | <input type="checkbox"/> Green Isle Park (The Final Countdown) | <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 \$25 per 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 May 11 (remaining balance on account will be deducted from bank/credit card on file on May 11). Outstanding balances after May 11 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 _____