

Town of Cedar Lake
7408 Constitution Ave. - P.O. Box 707
Cedar Lake, In 46303



2018 SUMMER CAMP REGISTRATION

Grades 1-7

\$65.00 Per Week; \$15.00 Per Day; \$5.00 per day Before Care; \$5.00 per day After Care

PLEASE INDICATE WHICH DAY / WEEK THE CHILD WILL BE ATTENDING

REGULAR CAMP-9:00 am-3:00 pm

Week: _____ June 11 - 15 Olympic Week

Day: _____ at Town Grounds

Week: _____ June 18 – 22 Superhero Week

Day: _____ at Town Grounds

Week: _____ June 25 – June 29 Science Week

Day: _____ at Cedar Lake Clubhouse

***Science Preregistration Required by June 18**

Week: _____ July 2 – 6 Carnival Week

Day: _____ at Cedar Lake Clubhouse

***No Camp Wednesday, July 4**

Week: _____ July 9 - 13 Beach Week

Day: _____ at Town Grounds

Week: _____ July 16 - 20 Rock the Vote Week

Day: _____ at Town Grounds

Week: _____ July 23 - 27 Around the World Week

Day: _____ at Town Grounds

Week: _____ July 30 – August 3 Performance Week

Day: _____ at Town Grounds

_____ Before Care 7:30 am-9:00 am _____ After Care 3:00 pm-5:30 pm

Week: _____ **Day:** _____

Town Grounds, 7408 Constitution Ave. / Cedar Lake Clubhouse, 9800 W. 129th Ave.

Please be sure to bring a sack lunch, bathing suit, and sunscreen every day. Water shoes are mandatory to swim in the lake. If attending aftercare, please bring an afternoon snack.

Child's Name _____

Address _____

City/Town _____

Phone _____ Cell _____

Gender _____ Birthdate _____ Age _____ Current Grade _____

School Now Attending _____

Parents/Guardians _____

E-Mail Address _____

Emergency Contact _____

Authorized names of people who can pick your child up from camp:

Health/Allergies/Physical Limitations _____

Receipt # _____

AUTHORIZATION, WAIVER AND RELEASE OF ALL CLAIMS

I, the undersigned participant, or parent or guardian of a participating minor child, hereby agree and consent to, _____, (the "Participant"), participating in the activity sponsored by the Town of Cedar Lake, Lake County, Indiana ("Activity"). I hereby further acknowledge and assume any and all risks of my, my child, or the child over whom I am the legal guardian, participating in any and all activities associated with the Activity, including by way of example and not limited to, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault. I further assume the full risk of personal injury, death, damage and loss associated with the Participant's participation in any and all activities associated with the Activity. I hereby release and hold harmless the Town of Cedar Lake, Lake County, Indiana, and its respective officers, agents, employees, representatives and volunteers (collectively "Cedar Lake"), whether elected, appointed, or otherwise, from any and all responsibility and liability for any injury, claim, action, causes of action or damages, which I, my heirs, executors, administrators, or assigns, or my child's/ward's heir, executors, administrators, or assigns, may have against Cedar Lake for any person injuries, death, damage, property damage or loss resulting from, or in any way associated with, participation in the Activity. I further agree to assume full responsibility for the actions of the Participant, as well as for the payment of any and all debts incurred by myself, or by my child/ward during my/his/her participation in the Activity. I hereby consent and agree to the Participant, receiving medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the Activity, in my absence should the need for such treatment arise during the Participant's participation in the Activity, and have noted above any pertinent and necessary health information including special dietary needs, medications and/or known allergies.

I understand that while participating in this activity, the Participant may be photographed or video recorded. I agree and consent to the use of the Participant's photograph, video or film likeness to be used for any legitimate purpose by Cedar Lake.

This Authorization, Waiver and Release of All Claims shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing this Authorization, Waiver and Release of All Claims, I hereby acknowledge that I have read and fully understand the provisions contained herein, and I knowingly consent to the Participant's participation in the Activity and agree to be bound by the terms and provisions contained herein

Signature of Participant/Parent/Guardian

Printed Name of Participant/Parent/Guardian

Date