



Rangers

Summer Day Camp

Registration Packet 2018



Replex
304 E. Washington St.
Le Roy, IL 61752
(309) 962-4800
www.replexcommunity.org

RANGERS DAY CAMP REGISTRATION INFORMATION FORM

Child's Name _____ Date of Birth ___/___/___ Gender ___ Male ___ Female
 Address _____ City _____ Zip Code _____
 Primary Phone(____) ____ - _____ T-Shirt Size YS YM YL AS AM AL
 Email Address _____ Grade _____
 Mother/Guardian Name _____ Cell Phone Number () _____ - _____
 Father/Guardian Name _____ Cell Phone Number () _____ - _____

Persons Authorized to Pick Up Child(ren)

FIRST NAME	LAST NAME	PHONE NUMBER
1.		()
2.		()
3.		()
4.		()

EMERGENCY CONTACT INFORMATION

Name _____ Phone () _____ - _____ Relationship _____
 Name _____ Phone () _____ - _____ Relationship _____

OTHER IMPORTANT INFORMATION

- Allergies: _____
- Medications: _____
- Likes/Dislikes: _____
- Special Needs: _____

CAMP RANGER FEES

	ONE TIME REGISTRATION FEE	DAILY FEE	WEEKLY FEE
MEMBER	\$25/Child	\$27.50/ day	\$110
PROSPECTIVE MEMBER		\$40/day	\$160

Staff Signature _____ Date of Registration _____



PARENTAL CONSENTS



As a participant of the Replex Rangers Day Camp program, I understand that repeat, disruptive, abusive, rude or otherwise inappropriate behavior will result in dismissal from the program. The Program Director overseeing the program will determine when dismissal shall occur. I understand that the Replex will do its best to refer my child to an alternative program if this occurs. However, advance notice of such dismissal from this program is not required.

Parent/Guardian Initials _____

The above participant has my permission to participate in Replex Rangers Day camp activities. Emergency treatment for the applicant is authorized, provided the parent/guardian of said participant fills out this form. I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which said participant may sustain as a result of participating in any and all activities connected with or associated with such programs.

Parent/Guardian Initials _____

I have received and read the policies of the Replex Rangers Day Camp Parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of these program services.

Parent/Guardian Initials _____

AUTHORIZATION & PERMISSION

I hereby do declare my child to be physically sound, having medical approval to participate in Replex. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except noted. I further understand that neither Replex nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amendable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the Replex Rangers Day Camp Parent Handbook and registration packet and understand the contents thereof.

Parent/Guardian Initials _____

I hereby give permission for my child to participate in Replex activities and to travel by bus with Replex staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Camp Ranger and that there will be at least one Replex staff member present at all times. I agree to release Replex and it's officers, directors & staff from any and all claims of damages, demands, or liabilities which may arise as a result of my child's participation in Replex activities and bus trips.

Parent/Guardian Initials _____

I hereby give permission to the medical personnel selected by the Facility manager or Program Director/Coordinator overseeing the program to order X-rays, routine tests and treatment for me or my child, and in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the Facility Manager or Program Director/Coordinator to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Parent/Guardian Initials _____

My signature below indicates that I have that legal authority to register the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my application is confirmed, I must complete payments by the deadlines of said program as contained in the Parent Handbook and that, furthermore, all necessary forms must be signed and on file with Replex prior to my child attending the program. Failure to comply with the above could result in the loss of program space.

Signature of Parent / Guardian _____

Date _____



PHOTO & VIDEO / AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by REPLEX, I hereby give my permission and consent, now and for all time, to REPLEX and third parties collaborating with REPLEX to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at REPLEX, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensations to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at REPLEX, I authorize, according to this Release, shall belong to REPLEX and third parties collaborating with REPLEX. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at REPLEX;

Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at REPLEX will not be subject to any obligation of confidentiality and may be shared and used by REPLEX and third parties collaborating with REPLEX;

REPLEX and third parties collaborating with REPLEX shall not be liable for any use or disclosure to a third party of any video film, footage sound track recordings and photo reproductions of me and/or my narrative account of my experience at REPLEX; and

REPLEX and third parties collaborating with REPLEX shall exclusively own all known or later existing rights to worldwide use and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at REPLEX for any purpose without compensation to me.

I agree that my consent and this Release are irrevocable. I hereby release and discharge REPLEX and third parties collaborating with REPLEX from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at REPLEX as described herein.

I am the Mother / Father / Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian _____

Date _____

Printed Name of Above _____



RANGERS
REGISTRATION PACKET CHECKLIST
For Parents



When submitting your child's Ranger Registration Packet, the following information is required and must be completed in full.

1. Registration Information Form on *page 3*.
2. Parental Consent / Authorization Permission form on *page 4*.
3. Completed or have obtained from the participating child's doctor a most recent Child Health Examination.
4. Photo & Video / Audio Recording Release Form on *page 5*.
Photo & Video / Audio Recording Release Form is optional.

Parent / Guardian Initials

- | | |
|---|-------|
| 2. I have received, read & understand the Rangers Summer Day Camp Parent Handbook | _____ |
| 2. I have filled out the Registration Information form in full on page 3 . | _____ |
| 3. I have read, initiated & signed the Parental Consent / Authorization Permissions form on page 4 . | _____ |
| 4. I have submitted and attached a completed State of Illinois Child Health Examination Form. | _____ |
| 5. I have read / signed the Photo & Video / Audio Recording Release Form on page 5 . | _____ |