



**CAMP PROGRAMS**  
**REGISTRATION FORM & WAIVER**

*Please print.*

**Family's Last Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_, IL **Zip Code** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact Name/Phone:** \_\_\_\_\_

Participant's Name	Age	Program #	Program Name	Date	Time	Fee
<b>Total Cost: \$</b>						

**Payment Information**

- Cash     
  Check (payable to Lake Katherine Nature Center)     
  Credit Card   
  *American Express*  
 *Visa*   
  *MasterCard*   
  *Discover*

**Cardholder Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_, IL **Zip:** \_\_\_\_\_

**Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **VVC:** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

***Please return form to:*** Lake Katherine Nature Center  
7402 W. Lake Katherine Dr.  
Palos Heights, IL 60463

No registration is complete until this form is received with payment. Refunds will be made if the participant provides notice of a minimum of 5 business days prior to the program. Full refunds will be made if Lake Katherine cancels the program.

*(see reverse side)*

***Please carefully read the following information and sign below***

**General Policies**

- All sessions will begin promptly at 10am and end at 2pm Monday – Friday. The children will be under continuous supervision the entire time they are with us. There will be no supervision, however, before 9:45am or after 2:15pm Monday – Friday.
- Lake Katherine is a drop off program. We would like parents to drop off and pick up their child at the door of the auditorium. Parents may not be part of the camp experience. If you believe your child needs special accommodations to participate in camp please contact Marian and discuss your concerns with her.
- Please prepare your child for the day’s weather and activities as needed, including rain gear, long sleeved shirt, extra socks, sunscreen, hat, mosquito repellent, water bottle etc. Also, bring a pair of long pants to change into as needed, as long pants are good protection when we will be walking in the tall grasses around the grounds.
- Parents, remember getting dirty or wet is always a possibility; old clothes are a good choice for camp.
- Your child should wear sturdy shoes and socks. NO SANDALS, FLIP FLOPS OR CROCS.
- Items that should NOT come to camp include: hand-held games, electronic devices, cell phones, pocket knives, personal sport equipment, and toys.
- Photos or videos taken during programs at LKNCBG may be used for promotional purposes.

**Behavior Policy**

Campers must respect all human, animals, and plant life at Lake Katherine. Campers that physically abuse another camper, or an animal while at the Lake Katherine, will be dismissed from camp immediately. No exceptions to the policy will be allowed. We encourage parents to support our Behavior Policy so that all campers will have a safe, fun, and educational experience at LKNCBG.

**Waiver and Release of Liability**

By signing up and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries arising from this program; and you will be required to indemnify, hold harmless and defend the City of Palos Heights and/or Lake Katherine Nature Center and Botanic Gardens (hereafter LKNCBG) for any claims arising out of participation in the program designated.

As a participant or as a parent or legal guardian of a participant under 18 years of age in a LKNCBG program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages, or loss which I may sustain, or may be sustained by my minor child/ward, as a result of the program. I agree to waive and relinquish all claims I may have as a result of participation in the program against the City of Palos Heights, LKNCBG, and their officers, agents, and employees. I agree to allow LKNCBG to use my image or that of my minor child/ward in any photo, audio, or video for any publicity used by the City of Palos Heights or LKNCBG.

I have read and fully understand the above program details and waiver and release of all claims.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_