



Kid Owned & Operated Play



KOOP Summer Adventure Play Camp at University Primary School Registration Form

Mail or drop off this form and check to University Primary School at 51 Gerty Drive, Champaign, IL 61820 on or before **May 30**. (Checks made out to University of Illinois. For confirmation of enrollment, email CWyant@illinois.edu. All questions should be directed to KoopAdventurePlayground@gmail.com Note: You will not be fully registered until both the form and the payment have been received. Payments are non- refundable.

Details about the camp daily schedule, snacks/lunch and projects will be emailed prior to the beginning of camp. Ages: 5-14 (flexible.) This camp is open to the public!

Please indicate your choice:

(See detailed descriptions on our website!)

Week	Theme	Full Day- \$210	Half - \$150	Total Cost:
1. 6/5-6/9	Construction			
2. 6/12-6/16	Water Works			
3. 6/18-6/23	Nature Week			
4. 6/25-6/30	Combo Week			

Total: \$ _____

Camper Information:

Camper's First/Last Name: _____

Age: _____ School: _____

Parent/Guardian Name(s): _____

Email: _____

Home Address: _____

Phone Numbers: _____

Emergency Contact Name/Relation: _____

Emergency Contact Phone: _____

People authorized to pick up your camper other than parent or emergency contact: _____

Did this camper attend previous KOOP Camps or Events? Yes No

Allergies & Instructions for handling allergies if needed: _____

Special needs, interests or things we should know about your camper? _____

Photo Waiver Release Form

I hereby give KOOP- Kid Owned & Operated Play permission to use photo images of the listed participant for the purpose of promoting KOOP- Kid Owned & Operated Play's programs in publication and on the web. I agree that the images become the exclusive property of KOOP- Kid Owned & Operated Play and waive all rights thereto. *For privacy and protection, no names of children will be used on the web.*

Participants Name (print)

Parent/ Guardian Signature

Date

Program Waiver and Release Form

Important Information

KOOP- Kid Owned & Operated Play is committed to conducting its recreation programs and activities in a safe manner and hold the safety of participants in high regard. KOOP- Kid Owned & Operated Play strives for safety while allowing child directed play. However, parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement.

Warning of Risk

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful preparation and instruction, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks are inherent. It is impossible for KOOP- Kid Owned & Operated Play to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in this program/activity against KOOP- Kid Owned Operated Play, including its volunteers and employees.

I authorize KOOP- Kid Owned & Operated Play staff to take whatever emergency medical measures are deemed necessary for my child while she/he is in their care. I understand that this authorization includes calling the listed physician, implementing his/her instructions and transporting my child by ambulance to a hospital or clinic if I am unable to be reached promptly or timely in the opinion of KOOP. I understand that I must pay any and all expenses incurred in such visits.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Participant's Name (please print)

Parent/ Guardian Signature

Date

Participation will be denied if the signature of a parent/guardian and date are not on this program waiver and release form.