The Park District of Oak Park and District 97 bring you

**Extended Camp for Summer School Students!**

**Day Camp**  
Grades K-4  
Grades 5-8

Participants signed up for this camp will spend their afternoons in a general day camp setting with theme based activities (games, crafts, scavenger hunts, etc.) on Mondays, Wednesdays & Fridays, and spend T/Th at Rehm pool (weather permitting). Flex pick-up for Day Camp will always be between 3-3:30pm; this allows families with kids in our camps at multiple locations time to get from one side of town to the other. The themed days and activities will be planned by camp staff and communicated to parents prior to the first day of the session. The Park District is partnering with Oak Park Township to provide transportation for students in grades 5-8 from Brooks Middle School to Holmes Elementary School. Register with the attached PDOP form, to be returned to the PDOP.

**Day Camp + Extended**  
Grades K-4  
Grades 5-8

M-F, June 15- July 10 (No camp 7/3)  
12-3pm / Holmes Elementary School / $387

M-F, June 15- July 10 (No camp 7/3)  
3-6pm / Holmes Elementary School / $784

Our extended hours are from 3-6pm at Holmes School (508 Kenilworth). There is a Park District provided snack, free-time, planned small & large group activities, as well as an opportunity to get outdoors.

$25 deposit is required at time of registration. Balance is due May 1, 2020. PDOP offers a Scholarship Program and the new Childcare Discount Membership Program. Please see [pdop.org/scholarships](http://pdop.org/scholarships) for more information.
REGISTRATION FORM

If credit, select card:

Account Number _______________________________________________
Cardholder Name_______________________________________________
Expiration Date_______/______      Amount of Charge $_______________
Authorized Signature_____________________________________________

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program (including transportation services, when provided). As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s). I agree to waive and relinquish all claims I may have as a result of participating in any and all activities with or associated with such program(s). I further agree to indemnify and hold harmless and defend the Park District of Oak Park and its officers, agents, servants, and employees from any and all claims arising out of or in any way associated with the activities of the program(s). I have read and fully understand the above Program Details and Waiver Release of all Claims. Waivers MUST be signed by participant(s)’ legal guardian. Facsimile signatures will be considered as original by the District.

Participant Name ____________________________  Gender ________  Birthdate ______
Program Name ____________________________  Program Date(s) ________  Day(s) ________  Time ________  Fee ________

Yes, I would like to donate to the Park District of Oak Park Scholarship Fund!  $1  $5  $Other (write in amt): ________

In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of the programs above:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Participant: ___________________________________________

MAIL, FAX OR DELIVER COMPLETED FORM TO: Park District of Oak Park 415 Lake Street, Oak Park, IL 60302
Fax: (708) 725-2301 (registration also available at the GRC, 21 Lake St)

PAYMENT INFORMATION  DO NOT MAIL CASH!

☐ Check (# __________)    ☐ Cash (in person only)  ☐ Credit Card

If credit, select card:  ☐ Mastercard  ☐ Visa  ☐ American Express

Account Number ____________________________
Cardholder Name ____________________________
Expiration Date_______/______      Amount of Charge $__________
Authorized Signature ____________________________

Signature(s):__________________________  Date:_________________