

1. Fees are due in full with registration. We accept cash and checks payable to McHenry County Conservation District. Payment by credit card accepted online only. Walk-in or mail your form to Prairieview Education Center, 2112 Behan Road, Crystal Lake, IL 60014. Walk-in registration also accepted at Lost Valley Visitor Center in Glacial Park, Route 31 and Harts Road, Ringwood. Incomplete registrations are not processed.
2. Registration is processed first come, first served; McHenry County residents receive priority.
3. Only the parent or legal guardian can register his or her child for programs.
4. Summer camp financial assistance may be available. Call 815-479-5779 for information prior to registration.
5. **NEW THIS YEAR:** We are partnering with ePACT to replace our paper emergency information forms. If you enroll your child in summer camp you will be required to submit your child's emergency information through the ePACT website. More information on this process will be available at a later date.

Asterisk denotes required information.

***PARENT OR LEGAL GUARDIAN FIRST AND LAST NAME**

***Street Address, City, State, Zip Code**

Email

Gender	*Date of Birth MM/DD/YYYY	*Your Role in Family
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*Home/Cell Phone	Other Phone	
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Yes, I'd like to receive text messages and understand my cell carrier is required. My cell carrier is:

*CHILD FIRST AND LAST NAME	Gender	*Date of Birth MM/DD/YYYY	*T-shirt Size			
			Child: S M L		Adult: S M L XL	
*Summer Camp Name		*Dates		*Fee	\$	
*Summer Camp Name		*Dates		*Fee	\$	
*Summer Camp Name		*Dates		*Fee	\$	
*Summer Camp Name		*Dates		*Fee	\$	
				*Subtotal	\$	
<i>When registering for programs that have a fee, a \$2.00 (non-refundable) processing fee is added.</i>				Processing Fee	\$2.00	
				*Total Amount Enclosed	\$	

SUMMER CAMP PARTICIPANT WAIVER AND RELEASE The McHenry County Conservation District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. There are certain risks for physical injury in the participation in outdoor activities including canoeing. These risks may include dangerous weather and water conditions, capsizing, being pinned between rocks, logs or trees, hypothermia, sunburn, heatstroke, dehydration, horseplay, carelessness, poor canoeing technique or swimming skills, loss of balance, collision with other canoes or stationary objects, paddling the canoe in waters too difficult for the canoeist's capability, and failure to wear a personal floatation device or other safety equipment. There are also certain risks of physical injury in connection with the administration of medication or use of auto-injectors and inhalers. Such risks can include failure to properly administer medication, failure to observe or recognize adverse reactions or medical emergencies, and failure to recognize the need to summon emergency medical services. In this regard, it is impossible for the McHenry County Conservation District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK I understand that the staff and volunteers of the McHenry County Conservation District will make every effort to ensure the safety and health of my child/ward. I recognize and acknowledge there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damage or loss, regardless of severity, that my child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims my child/ward may have as a result of participating in this program against the McHenry County Conservation District, including its officials, agents, volunteers, and employees. I further understand that providing health or medical information allows Conservation District staff and volunteers to share that information with emergency personnel in the case of a medical emergency. I give the Conservation District staff permission to transport my child/ward within McHenry County for education purposes, and to administer emergency treatment to my child/ward it is impossible to reach me.

***Parent or Legal Guardian Signature & Date:**