

Summer: JCYS Lillian L. Lutz Recreation Center • 1195 Half Day Road, Highland Park, IL 60035 • 847-432-6355
Winter: JCYS Lutz Family Center • 800 Clavey Road, Highland Park, IL 60035 • (p) 847-433-6001 x103 (f) 847-433-6003
 micky.baer@jcys.org www.jcys.org



2011 JCYS CHAMP CAMP REGISTRATION

Formerly JCYS Grand Slam Tennis Camp

Please complete one form per child.

Child's Name: _____ Sex: _____ Birthdate: _____
 Address: _____ City: _____ Zip: _____
 Grade in Fall 2011: _____ School: _____ Home Phone: (____) _____
 Parent/Guardian 1: _____ Employer: _____
 Work Phone: (____) _____ Cell: (____) _____
 Parent/Guardian 2: _____ Employer: _____
 Work Phone: (____) _____ Cell: (____) _____
 Email #1: _____ #2 _____

T-shirt size: Youth S M L Adult S M L XL

- Please register my child for Champ Camp: M-F 6/20-7/22 (no camp 7/4) 12:15-3:30*
Cost: \$800: (\$65 non-refundable deposit required; \$735 due by 5/20, 2011)
- If you would like to apply for scholarship, please check this box.
- Special for all JCYS campers:** Check if you'd like to add \$75 to your tuition for a **2011 Family Membership** at the JCYS Lillian L. Lutz Recreation Center (\$150 value!!)
- *IF YOU NEED CARE AFTER 3:30PM! (Separate registration & fee below)**



***EXTRA: REGISTER YOUR CHILD FOR AFTER CAMP CARE UNTIL 6:30PM**

AFTER-CAMP CARE AT THE "LIL" 3:30-6:30 PM						
<i>Includes swimming, sports, arts and crafts, downtime and snack. Open to public.</i>						
	Days Attending (please circle)	5 days a week	4 days a week	3 days a week	2 days a week	1 day a week
5 Weeks	M T W TH F	\$ 590	\$ 485	\$370	\$250	\$145

\$65 non-refundable deposit due at the time of registration. Add \$75 for a Lil Family Pass.

Please include a check payable to JCYS or complete your credit card information below.

Please circle: MasterCard Visa Discover _____ exp. ____/____

Signature _____ Date _____

ATTENTION: Turn over, read and sign

Parent or Guardian Consent

1. I understand that the registration fee as listed must accompany this form and that it is non-refundable and non-transferable unless the child is not accepted into the program. I further understand that as the parent/guardian registering the above-named child, I alone, am responsible for the fees.
2. I understand that enrollment is contingent upon all payments being current.
3. I understand that there is no reduction in fees made for illness, vacations or holidays/closings.
4. I understand that fees may be subject to change given 60 days notice.
5. I understand that a medical form must be filled out, signed and returned before the first day of camp. Should my child have severe allergies or any other medical condition, a Medical Emergency Action Plan and Risk and Waiver Agreement must also be signed and returned before the first day of camp.
6. I understand that because JCYS makes commitments to its teaching staff based on registrations received, there will be no refunds for registration fees or tuition payments.
7. I understand that in the event that JCYS determines that the continued participation in the camp program is not appropriate; JCYS reserves the right to discontinue service.
8. I give permission for the above named participant to be included in photos any videos for publicity purposes in a variety of media, including but not limited to, brochures, promotional videos, advertisements and the JCYS website.
9. I understand that the Jewish Council for Youth Services is not responsible for personal property.
10. In the event of an emergency, if the Champ Camp or After Camp Care staff cannot reach me or emergency contacts named, I authorize the JCYS Director to act for me according to his/her best judgment.
11. In the event that I or the emergency contacts named cannot be reached involving my child, I hereby give permission to the appropriate medical personnel selected by the JCYS Director, to provide medical treatment deemed necessary by such medical personnel, including x-rays, tests, injections, hospitalization, anesthesia and surgery.

I have read and fully understand the above policies and agree to abide by them.

Parent/Guardian Signature: _____

Date: _____

EMERGENCY INFORMATION:

In case of illness or emergency, please list in order how best to reach you:

1. _____ 2. _____ 3. _____

ALLERGIES/MEDICAL CONDITIONS: _____

Needs (circle all that apply): Epi-Pen Inhaler Diabetes testing/medication Other: _____

OTHER PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____

Name: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Address: _____

Address: _____

City: _____

City: _____

Any other comments or concerns we should know?

Please call me at () _____ to discuss. Name: _____