



2019 SUMMER REGISTRATION

Register online at www.GoodTimesCamp.com or return form to:
300 Waukegan Road • Glenview, IL 60025 • 847.729.4884 • 847.729.4463 fax

ACCOUNT INFORMATION

PARENT 1 (FIRST NAME / LAST NAME) _____ PARENT 2 (FIRST NAME / LAST NAME) _____

PARENT 1 EMAIL _____ PARENT 2 EMAIL (OPTIONAL) _____

PHONE 1 CELL WORK HOME _____ PHONE 2 CELL WORK HOME _____ PHONE 3 CELL WORK HOME _____

CAMPER(S) HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DROP-OFF LOCATION MAIN BASE ST. CATHERINE'S/GLENVIEW OLPH/ GLENVIEW HOLY CROSS/ DEERFIELD ST. NORBERTS/ NORTHBROOK POKO LOKO/ GLENVIEW POKO LOKO/ MORTON GROVE

FIRST CAMPER (Camper attending the most days)

CAMPER FIRST NAME _____ LAST NAME _____

BIRTHDAY _____ GENDER _____ GRADE FALL 2019 _____

SHIRT SIZE XS YM YL AS AM AL

SELECT SCHEDULE PLAN

ALL SUMMER PLAN – \$3,240 = \$ _____

ULTIMATE FLEXIBILITY PLAN _____ # OF DAYS x \$130.00 = \$ _____

WEEKLY AND DAILY PLAN: USE CHART BELOW # SELECTED DAYS

	ALL 5 DAYS	M	T	W	Th	F	REG	FIELD TRIP
WEEK 1	<input type="checkbox"/> 6/17-6/21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2	<input type="checkbox"/> 6/24-6/28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3	<input type="checkbox"/> 7/1-7/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4	<input type="checkbox"/> 7/8-7/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5	<input type="checkbox"/> 7/15-7/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6	<input type="checkbox"/> 7/22-7/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7	<input type="checkbox"/> 7/29-8/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8	<input type="checkbox"/> 8/5-8/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\$430 x _____ TOTAL # OF FULL WEEKS = \$ _____

PLUS TOTAL # OF SELECTED REG DAYS \$105 x _____ = \$ _____

TOTAL # OF SELECTED FIELD TRIP DAYS \$125 x _____ = \$ _____

CAMPER SUBTOTAL = \$ _____

PLUS CAMPER REGISTRATION FEE = \$ 100

FIRST CAMPER TOTAL = \$ _____

PAYMENT

OF CAMPER(S) _____ X \$100 = MINIMUM DEPOSIT \$ _____

or PAY IN FULL \$ _____ or OTHER \$ _____

METHOD

CHECK ENCLOSED

CREDIT CARD VISA MASTERCARD DISCOVER

CARD NUMBER _____ EXP. DATE _____ BILLING ZIP CODE _____

SIGN HERE

By signing this form, I authorize payment shown above and understand that full payment is due June 1st of this camp season. I also acknowledge that I authorize full payment of any balance due, by above credit card, on June 1st. I also acknowledge that I agree to GoodTimes' Consent Waiver available at www.GoodTimesDayCamp.com.

SIGNATURE _____

DATE _____

ADDITIONAL CAMPER # _____ (Copy sheet for more than 2 campers)

CAMPER FIRST NAME _____ LAST NAME _____

BIRTHDAY _____ GENDER _____ GRADE FALL 2019 _____

SHIRT SIZE XS YM YL AS AM AL

SELECT SCHEDULE PLAN *Prices for additional campers reflect 10% discount**

ALL SUMMER PLAN – \$2,915.60* = \$ _____

ULTIMATE FLEXIBILITY PLAN _____ # OF DAYS x \$117* = \$ _____

WEEKLY AND DAILY PLAN: USE CHART BELOW # SELECTED DAYS

	ALL 5 DAYS	M	T	W	Th	F	REG	FIELD TRIP
WEEK 1	<input type="checkbox"/> 6/17-6/21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2	<input type="checkbox"/> 6/24-6/28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3	<input type="checkbox"/> 7/1-7/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4	<input type="checkbox"/> 7/8-7/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5	<input type="checkbox"/> 7/15-7/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6	<input type="checkbox"/> 7/22-7/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7	<input type="checkbox"/> 7/29-8/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8	<input type="checkbox"/> 8/5-8/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\$387* x _____ TOTAL # OF FULL WEEKS = \$ _____

PLUS TOTAL # OF SELECTED REG DAYS \$94.50* x _____ = \$ _____

TOTAL # OF SELECTED FIELD TRIP DAYS \$112.50* x _____ = \$ _____

CAMPER SUBTOTAL = \$ _____

PLUS CAMPER REGISTRATION FEE = \$ 100

ADDITIONAL CAMPER # _____ TOTAL = \$ _____

ALL OTHER CAMPER TOTALS + = \$ _____
First Camper plus all additional campers from any other sheets

TOTAL # OF CAMPERS _____ ALL CAMPER TOTALS = \$ _____

**10% additional child discount is not available to families with a camper already receiving a Gopher discount. (A Gopher is an equivalent to a Junior Counselor — see website for details.)



ENROLLMENT/APPLICATION

Good Times Day Camp, Inc. wants to establish a partnership with our Parents in order to safely and effectively work with our Campers. This application and deposit constitutes an enrollment agreement only when accepted by Good Times Day Camp, Inc. in writing and shall be construed and enforced in accordance with the laws of the State of Illinois. Good Times Day Camp, Inc. considers enrollment and/or payment as acknowledgment and acceptance of all the terms of this agreement by Parents and Camper. Good Times Day Camp, Inc. reserves the right to accept or reject applicants. If Parents have more than one child enrolled in Good Times Day Camp, Inc., the term "Camper" as used herein shall encompass and refer to all children of Parents enrolled in the Camp Program. Parents hereby acknowledge receipt of the Good Times Day Camp Parent Handbook and are familiar with its contents.

Parents hereby state that Camper is of sufficient maturity to properly care for his/her hygiene and participate in the Camp's program. Completing this application implies that Parents and Camper understand that Good Times Day Camp, Inc. has the right to dismiss any Camper whose behavior, attitude or action, is in our judgment, contrary to the best interests of our Camp community. This includes but is not limited to: pranks causing bodily harm, embarrassment, or destruction of property, excessive fighting or other aggressive behavior; harassment, bullying, cults, sexual behavior, theft, excessive disobedience, or for other conduct that is ruining another Camper's experience or is harmful to the Camp. It is understood that Good Times Day Camp, Inc. has the right to dismiss any Camper whose Parent shows unreasonable, irrational, or unsuitable behavior that is in our judgment is contrary to the best interests of our Camp community. It is understood and agreed, by Camper and Parents, that possession or use of tobacco, alcohol, or controlled substances while enrolled in camp will bring immediate dismissal. Possession of any weapon may also bring immediate dismissal. Good Times Day Camp, Inc. will, if necessary, search for, confiscate and dispose of any items that violate Camp policy or are used in inappropriate ways.

PAYMENT CONTRACT

Parents understand that a \$100 non-refundable deposit per camper is due upon registration. Parents further understand that final schedules are due by June 1, 2019. Parents further understand that after June 1, 2019, any cancellation or reduction will be refunded 50% of any overpaid monies. Parents further understand that the balance of all Camp fees are due in-full by June 1, 2019. Parents further understand that after July 1, 2019, no refunds will be given. Parents further understand that unused days are non refundable and non transferable from one summer to another summer. Parents further understand that registration fees are non refundable. In all cases of cancellations there will be a \$100 minimum fee per camper. Parents further understand that they give permission for Good Times Day Camp, Inc. to charge their credit card or checking account on file automatically for any unpaid balances after June 1, 2019.

ACTIVITIES — CONSENT AND RELEASE

Parents and Camper acknowledge that a wide variety of activities are conducted at Good Times Day Camp, Inc. and at The Forest Preserve District of Cook County, and Parents hereby give permission for Camper to participate in these activities, assuming all ordinary risks normally inherent to the nature of the activities. Such activities include, but are not limited to, the following: swimming, group sports and games, wrestling, dance, gymnastics, martial arts, camping, theater, bowling, skating, go-carts, pony rides, trampolines, petting zoos, rock climbing, inflatables, and a variety of special events and scheduled field trips. Parents may also elect to have their Camper attend (for an additional fee) Illinois Lock-In and/or the Wisconsin Overnight. Camper agrees to abide by all rules set by Good Times Day Camp, Inc. and The Forest Preserve District of Cook County, regarding all activities, including but not limited to, rules relating to personal behavior and safety. Camper and Parents realize that some of these activities may subject Camper to certain stresses and hazards, not all of which can be foreseen. Camper is in good health and in proper physical condition to participate in such activities. Camper desires and consents to take part in all such activities (except when requested to be excluded for medical or religious reasons). Camper assumes all of the ordinary risks normally inherent to the nature of the activities and events to be conducted and agrees that neither Good Times Day Camp, Inc., The Forest Preserve District of Cook County, nor any of their directors, officers, employees, agents or other persons conducting such activities shall be responsible for any damages or injuries resulting to Camper in the absence of gross negligence.

TRANSPORTATION CONSENT

By enrolling Camper in Good Times Day Camp, Inc., Parents hereby authorize the transportation of Camper to and from all field trips, activities, and locations that Good Times Day Camp, Inc. deems reasonable each day.

PHOTOGRAPHIC CONSENT

By enrolling Camper in Good Times Day Camp, Inc., Parents hereby give their permission to Good Times Day Camp, Inc. to photograph Camper in a reasonable and professional manner for promotional and advertising purposes (i.e. camp videos, scrapbooks, brochures, picture day, social media, Facebook, YouTube, etc.)

EMERGENCY MEDICAL CONSENT

By enrolling Camper in Good Times Day Camp, Inc., Parents hereby authorize the procurement of whatever emergency medical treatment may be necessary for Camper. Parents also authorize the removal of Camper from Camp premises for the purpose of obtaining such emergency medical treatment if the need so arises. Parents agree to hold Good Times Day Camp, Inc. harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen shall be left to the sole discretion of Good Times Day Camp, Inc.

MEDICAL FEES

By enrolling Camper in Good Times Day Camp, Inc., Parents hereby agree to be fully and solely responsible for all fees and costs arising from any medical conditions or treatments for Camper's participation in Good Times Day Camp, Inc., including, but not limited to, the administration of emergency medical care.

PERSONAL PROPERTY

Good Times Day Camp, Inc. assumes no liability for loss or damage to Camper's personal property or for injury incurred as a result of use of personal property. Good Times Day Camp, Inc. discourages all borrowing and lending among Campers or anyone working in Camp. The Camp assumes no responsibility for money or valuables brought to Camp by Campers. Campers will be held responsible for damage to property and equipment of Good Times Day Camp, Inc. caused by Camper's negligence and will be charged accordingly for repairs or replacement.

RECORD MANAGEMENT

Good Times Day Camp, Inc. contracts with UltraCamp for its on-line registration and record management regarding Camp registrants. For a copy of the UltraCamp User Agreement and Privacy Policy, please see <http://www.ultracamp.com/privacyPolicy.html>.

Parents have read and understood this Contract and Consent and agree to the terms herein. Parents hereby acknowledge that they are the custodial Parent or Guardian of Camper and are authorized to consent to the terms of this Contract on behalf of their child Camper.

CAMPER(S) NAME(S)

PARENT'S NAME (PLEASE PRINT)

DATE

PARENT'S SIGNATURE