

Spring Break Registration Form

I, _____ do hereby enter into the following contract for services with the McCook Athletic and Exposition Center for the Spring Camp Program beginning 4.9.12 and ending 4.13.12 for _____ (Child's name.) I also understand that payment is non-refundable, with no credit allotted for unused day(s).

Camper Name _____

Grade: _____ Sex: _____ Date of Birth: ___ / ___ / ___

School: _____

Home Address: _____

City _____ Zip: _____

Parent/Guardian Name: _____

Home: _____ Cell: _____

Email Address: _____

Medications/Allergies: _____

Parent Signature: _____

Date: _____

Please circle the date(s) the camper will be attending.

9:00-4:00 _____ Extended Care

4/9 _____ am/pm

4/10 _____ am/pm

4/11 _____ am/pm

4/12 _____ am/pm

4/13 _____ am/pm

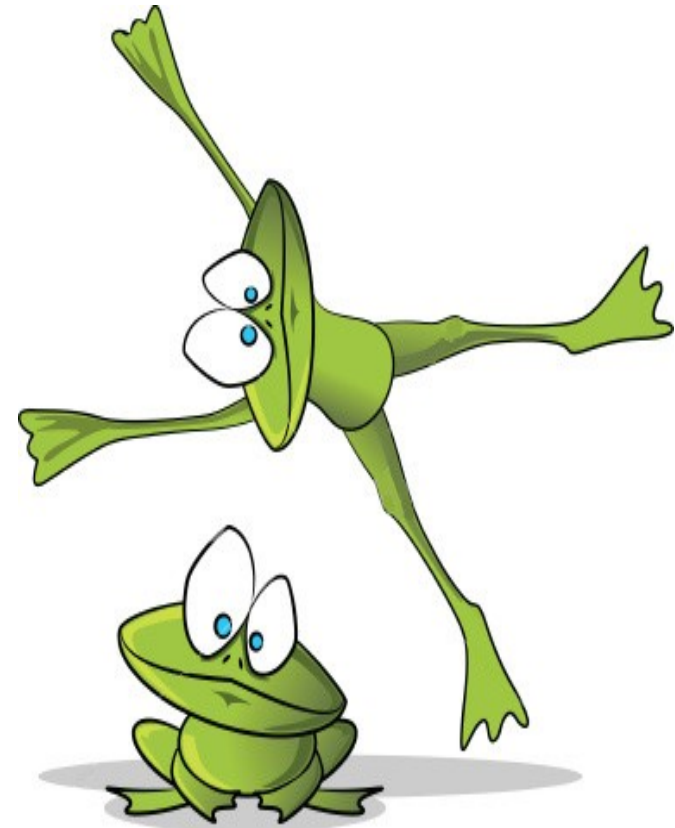
Extended care is available from 8am-9am & 4pm-5pm

Accepted Payments: Credit Card, Cash or Check.
Make Checks payable to the Village of McCook



MAX
McCook Athletic & Exposition
www.max-mccook.com
McCook Athletic & Exposition
4750 South Vernon Ave.
McCook, Illinois 60525

Spring Break @ the MAX



**April
9, 10, 11
12 & 13
Kids 4-14**

Food

Daily Schedule

Medical Authorization and release agreement

9th Home Run Inn Cheese Pizza

- Snack 1: Animal Crackers
- Snack 2: Fruit Snack

10th Chicken Nuggets with Chips

- Snack 1: Goldfish
- Snack 2: Cookies

11th Turkey or Ham Sandwich with Chips

- Snack 1: Cheez-Its
- Snack 2: Rice Krispy Treats

12th Daisy Brand Hot Dogs with Chips

- Snack 1: Pretzels
- Snack 2: Ice Cream Sandwich

13th McDonalds Cheese or Hamburger with Chips

- Snack 1: Animal Crackers
- Snack 2: Fruit Snacks

Drinks will include: Water and Lemonade or Gatorade

If your child doesn't want what we are serving please feel free to bring your own snack or lunch.

**for information
708-485-9900**

- 9:00-9:20** Open play
- 9:20-9:45** All Camp Warm up Game
- 9:45-10:15** Field Activity
- 10:15-10:30** Snack
- 10:30-11:00** Court Activity
- 11:00-11:30** Bounce House Play
- 11:30-12:00** Field Activity
- 12:00-12:30** Lunch
- 12:30-1:10** Craft
- 1:10-1:40** Court Activity
- 1:40-2:10** Field Activity
- 2:10-2:30** Snack
- 2:30-3:00** All Camp Game
- 3:00-3:30** Open Play
- 3:30-4:00** Movie

****Schedule subject to change*****

Campers will be grouped by grade level as follows

- Group 1: Pre-K- 1st
- Group 2: 2nd-4th
- Group 3: 5th-8th

| Fees | |
|----------------|-------|
| Any One Day | \$40 |
| Any Three Days | \$110 |
| All Five Days | \$165 |

I, _____ the parent/legal guardian of (child's first and last name) Consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorized the McCook Athletic and Exposition Center Staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless the Village of McCook, McCook Athletic and Exposition Center, Indoor Sports Management, it's officers, board members, supervisors, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively MAX staff) from any claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney fees and interest, however caused, even if caused by the negligence of MAX staff, as a result of my child's participation.

I further agree that the Village of McCook, McCook Athletic and Exposition Center, Indoor Sports Management, it's officers, board members, supervisions, employees reserve the right to terminate the participation of my child in the program for failure to behave and act in a respectable manner. If participation is terminated, no fees will be refunded.

Parent/Guarding Signature _____

Date _____

EMERGENCY CONTACT NUMBERS:

Call 1st _____

Call 2nd _____

Alternate Emergency Contact Person:

Name _____

Relationship to my child _____

Cell: (____) _____