

Courts Plus Summer Camp (Ages 5-10)
Payment Plan Form – Summer 2020

Please fill out one form per child. Additional forms are available at the Courts Plus, www.courts-plus.com, or at www.epd.org.
*Fees listed below reflect Early Bird Registration. Prices will increase after 8 p.m. on the Thursday before each session.
REFUND POLICY – Deadline for camp withdrawals or changes is 8 p.m. on the Thursday before each session.

Child Information

Child's Name _____ Birthdate ____ / ____ / ____

Parent Information

Parent's Name _____ Home Phone (____) _____

Address _____ City _____ Zip _____

E-mail _____

Courts Plus Summer Camp (Ages 5-10)

CODE	DAYS	DATES	TIMES	All 5 days w/ discount	Single Day Fee (Circle Days Attending)
<input type="checkbox"/> EC03200-01	M – F	Jun. 1 – 5	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-02	M – F	Jun. 8 – 12	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-03	M – F	Jun. 15 – 19	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-04	M – F	Jun. 22 – 26	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-05	M – F	Jun. 29 – Jul. 3	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-06	M – F	Jul. 6 – 10	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-07	M – F	Jul. 13 – 17	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-08	M – F	Jul. 20 – 24	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-09	M – F	Jul. 27 – 31	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-10	M – F	Aug. 3 – 7	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F
<input type="checkbox"/> EC03200-11	M – F	Aug. 10 – 14	8:30 am – 4:00 pm	\$210 M / \$241 NM	# of days ____ x \$50 M / \$58 NM = \$_____ M T W R F

Before Care (Ages 3-12)

CODE	DAYS	DATES	TIMES	All 5 days	Single Day Fee (Circle Days Attending)
<input type="checkbox"/> EC03203-01	M – F	Jun. 1 – 5	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-02	M – F	Jun. 8 – 12	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-03	M – F	Jun. 15 – 19	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-04	M – F	Jun. 22 – 26	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-05	M – F	Jun. 29 – Jul. 3	6:30 am – 8:30 am	\$60 M / \$72 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-06	M – F	Jul. 6 – 10	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-07	M – F	Jul. 13 – 17	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-08	M – F	Jul. 20 – 24	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-09	M – F	Jul. 27 – 31	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-10	M – F	Aug. 3 – 7	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03203-11	M – F	Aug. 10 – 14	6:30 am – 8:30 am	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F

BACK OF FORM MUST BE COMPLETED IN ORDER FOR REGISTRATION TO BE PROCESSED

After Care (Ages 3-12)

CODE	DAYS	DATES	TIMES	All 5 days w/ discount	Single Day Fee (Circle Days Attending)
<input type="checkbox"/> EC03204-01	M – F	Jun. 1 – 5	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-02	M – F	Jun. 8 – 12	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-03	M – F	Jun. 15 – 19	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-04	M – F	Jun. 22 – 26	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-05	M – F	Jun. 29 – Jul. 3	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-06	M – F	Jul. 6 – 10	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-07	M – F	Jul. 13 – 17	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-08	M – F	Jul. 20 – 24	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-09	M – F	Jul. 27 – 31	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-10	M – F	Aug. 3 – 7	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F
<input type="checkbox"/> EC03204-11	M – F	Aug. 10 – 14	4:00 pm – 6:00 pm	\$65 M / \$75 NM	# of days ____ x \$15 M / \$18 NM = \$_____ M T W R F

Registration / Brochure Waiver & Release

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the programs listed above, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all programs/activities connected with and associated with these programs (including transportation services/vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Elmhurst Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Elmhurst Park District"). I do hereby fully release and forever discharge the Elmhurst Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor/child and arising out of or connected with, or in any way associated with these programs/activities. By signing, you signify that you have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature. After reading the above information, please sign and date the Registration Form.

PHOTO POLICY: The Elmhurst Park District reserves the right to photograph or videotape participants in Park District programs, facilities or parks for the District's promotional use including its electronic media, brochures, flyers and other publications without additional prior notice or permissions and without compensation.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date is not on this waiver.

I have read and fully understand the important information, warning of risk, assumption of risk and waiver and release of all claims on this form.

_____ Participant Name(s) _____ Signature (18 years or older, or parent or guardian) _____ Date

Must complete when using
VISA or MASTER CARD or
DISCOVER

Name of Cardholder: _____ Expiration Date: _____

Authorized Signature: _____ Security Code: _____

Please remember to notified Courts Plus of any changes to your credit card account that is being used for this payment plan.

Please check the box which applies to your payment

Full Amount Owed

Your credit card will be charged the **FULL** amount for sessions registered.

Session AutoPay

Please charge my credit card the amount to be charged 1 week before each session.

Cardholder Signature: _____

Return completed forms to: Courts Plus · 186 S West Ave · Elmhurst, IL 60126 · 630-833-5064 · (Fax) 630-993-8966