

## Camp 1 Registration Form

Name of Student: \_\_\_\_\_

Registrations should be received no later than May 20, 2011. (Late registrations will be accepted at the discretion of Intedurec staff.)

Please place a check (✓) next to the appropriate information:

\_\_\_\_\_ My child is currently participating in Intedurec Extracurricular Learning Groups, and his/her information is up-to-date. (Please **disregard** the attached information form.)

\_\_\_\_\_ My child is currently participating in Intedurec Extracurricular Learning Groups, but his/her information needs to be updated. (Please **fill out** the appropriate sections on the attached information form.)

\_\_\_\_\_ My child is participating in an Intedurec activity for the first time.  
(Please **fill out** the entire attached information form.)

Please place a check (✓) next to the appropriate information.

\_\_\_\_\_ **2-Week Enrollment** (full-time, M-F, 9:00-5:00) - \$490

\_\_\_\_\_ **1-Week Enrollment** (full-time, M-F, 9:00-5:00) - \$245

\_\_\_\_\_ **Individual Course Enrollment** (Please check (✓) the appropriate spaces below. Price information for individual courses is below.)

### Art/Music Courses

\_\_\_\_\_ TUESDAYS (1:00-3:00pm, Location: WRCC): **DRAWING - \$40**

\_\_\_\_\_ MONDAYS/WEDNESDAYS (1:00-3:00pm, Location: WRCC): **ARTS & CRAFTS - \$80**

\_\_\_\_\_ THURSDAYS (3:00-5:00pm, Location: WRCC): **CALLIGRAPHY - \$40**

### Language Courses

\_\_\_\_\_ WEDNESDAYS/FRIDAYS (10:00am-12:00pm, Location: WRCC): **ENGLISH WRITING - \$80**

\_\_\_\_\_ TUESDAYS (3:00-5:00pm, Location: WRCC): **READING LITERATURE - \$40**

### Science Courses

\_\_\_\_\_ MONDAYS/ WEDNESDAYS (3:00-5:00pm, Location: WRCC): **LEGO SCULPTURES – LEGO ART & ARCHITECTURE - \$80**

### Sports Courses

\_\_\_\_\_ MONDAYS/THURSDAYS (10:00am-12:00pm, Location: LGC): **GOLF - \$80**

\_\_\_\_\_ TUESDAYS (10:00am-12:00pm, Location: SKFA): **MARTIAL ARTS - \$40**

\_\_\_\_\_ FRIDAYS (3:00-5:00pm, Location: WRCC): **SOCCER - \$40**

### Special Courses/Field Trips

\_\_\_\_\_ THURSDAY, June 9, 2011, 1:00-3:00pm: **TBD - \$15**

\_\_\_\_\_ FRIDAY, June 10, 2011, 1:00-3:00pm: **TBD - \$15**

\_\_\_\_\_ THURSDAY, June 16, 2011, 1:00-3:00pm: **TBD - \$15**

\_\_\_\_\_ FRIDAY, June 17, 2011, 1:00-3:00pm: **TBD - \$15**

**WRCC = Windsor Road Christian Church**, 2501 W. Windsor Rd, Champaign, IL 61822

**LGC = Legends Golf Course**, 4551 Nicklaus Dr, Champaign, IL 61822

**SKFA = Song's Kung Fu Academy**, 1827 West Springer Dr, Champaign 61821

**Total Amount Due:** \_\_\_\_\_

**Please mail registration forms to:**

Intedurec

903 Phlox Dr.

Savoy, IL 61874

**Please make checks payable to "Intedurec."**

**For office use only:**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Paid by: cash / check

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## Information Form

### STUDENT INFORMATION

Name: _____ Gender: M or F Birthdate: _____
Address: _____
Parent/Guardian Names: _____
Place of Employment: _____
(Home) _____ (Work) _____ (Cell) _____
E-mail _____

### DISMISSAL AUTHORIZATION

Parent/Guardian/Authorized Alternate <b>MUST SIGN THEM IN and OUT.</b> No child will be permitted to leave class with persons other than a Parent/Guardian/Authorized Alternate listed below. <b>Proof of identification will be needed to pick up students.</b>
Parent/Guardian Name: _____
Parent/Guardian Name: _____
Authorized Alternate: _____
Authorized Alternate: _____

### EMERGENCY CONTACTS AUTHORIZATION

The <i>Intedurec</i> Authority has my permission, in an emergency, to call 911 and/or send my child to a Hospital/Urgent Care facility, and the Medical Personnel have my authorization to provide treatment that a Physician deems necessary for the well-being of my child. The <i>Intedurec</i> Authority will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts.
<b>Parent/Guardian Signature</b> _____
<i>NOTE: Emergency Contacts cannot be the parents/guardians. You MUST list at least <b>two</b> Emergency Contacts.</i>
Name: _____ Relation: _____
Address: _____
(H): _____ (W): _____ (C): _____
Name: _____ Relation: _____
Address: _____
(H): _____ (W): _____ (C): _____

**HEALTH/MEDICAL INFORMATION**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ My child has allergies to the following: \_\_\_\_\_  
 \_\_\_\_\_ My child does not have any allergies  
 \_\_\_\_\_ My child will require medication to be administered while in your care. I understand that I will need to complete a medication authorization from prior to my child attending program. **Parent Initial**  
 \_\_\_\_\_

**VIDEO/PHOTO AUTHORIZATION**

\_\_\_\_\_ I give permission for the *Intedurec* Authority to include my child in photos/videos that will become *Intedurec* Authority property.  
 \_\_\_\_\_ I DO NOT give permission for the *Intedurec* Authority to include my child in photos/videos.

**PARTICIPATION AGREEMENT and FIELD TRIP AUTHORIZATION**

*Intedurec* assumes no liability for injuries or damages arising from the result of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning the ability to participate. All activities present inherent risks and hazards that the participant assumes. I hereby approve of my child's participation in this Recreation Program. My child has permission to attend and be transported on the Camp's field trips.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**My signature below indicates that I have completed and understand the information on this form pertaining to:**

- \* Emergency Contacts \* Dismissal Authorization
- \* Video/Photo Authorization \* Medical Information
- \* Participation Agreement \* Fieldtrip Authorization

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_