

DESTINATION IMAGINATION®'S ACCEPT THE CHALLENGE CAMP
PRESENTED FOR IMAGINATION 4 LIFE™ BY INNOVATION TRAINING & CONSULTING, INC.

Welcome to this unique and high-energy program! Please carefully read, complete, and submit the following information for each camp participant you are registering. Feel free to contact us with any questions about the form or the camp program.

PARTICIPANT/PARENT REGISTRATION INFORMATION

Camp Date(s): _____

Participant Name _____

Birth date: _____ Age: _____ Gender: Male Female

Address _____

City _____ State/Province _____ Zip _____

School attending (fall 2009) _____

Grade _____

How did you hear about the Accept the Challenge Camps?

Corporate camp fair Libertyville Parks and Recreation booklet

School announcement Past or current participant in DI Program

Past DI camp participant Other (describe): _____

Custodial Parent/Guardian Name (1) _____

Phone: Daytime _____ Evening _____

Cell _____ Best way to reach you: _____

Email: _____

Address _____

City _____ State/Province _____ Zip _____



Additional Parent/Guardian Name (2) _____

Phone: Daytime _____ Evening _____

Cell _____ Best way to reach you: _____

Email: _____

Address _____

City _____ State/Province _____ Zip _____

Emergency Contact Information (other than parent/guardians):

Name _____ Relationship: _____

Phone: Daytime _____ Evening _____

Cell _____ Best way to reach you: _____

Email: _____

Address _____

City _____ State/Province _____ Zip _____

For camps held at Libertyville Sports Complex (only this location), will your child also be participating in the following services **offered by Libertyville Sports Complex?**
(*Note: Separate fees apply.*)

Sports Galore Camps? Yes No

District 70 School bus? Yes No

Pre-camp care? Yes No

Post camp care? Yes No

Only those individuals listed above will be permitted to sign your camper in and out of camp each day. If anyone **other than those listed** have your permission to pick up or drop off your camper, or if special arrangements are required, please describe here:



Camp General Information: Please read completely!

- I understand and certify that my child's participation in the Accept the Challenge Camp is completely voluntary and I have familiarized myself with the program and activities in which my child will be participating.
- I recognize that although they are minimal, certain hazards and risks are inherent in the program events and activities. Although Innovation Training & Consulting, Inc. has taken safety measures to minimize the risk of injury to program participants, the company cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries.
- I further recognize and have instructed my child in the importance of knowing and abiding by the program rules, regulations, and procedures for the safety of all program participants. Note this enrichment camp is full of teamwork activities. It is not unusual for students to struggle with collaborative teamwork at the beginning of the week. However, we do expect that students will improve each day and avoid negative disruptions that can affect the whole camp.
- I will support the camp staff's decision to contact me and/or remove my child from the camp should any of the following arise:
 - My child's conduct is inconsistent with the standards, goals, and spirit of the Destination ImagiNation, Inc. Enrichment Programs such as:
 - Damage to site grounds, facilities, or property
 - Physical or emotional abuse of another person, or behavior that is disrespectful, offensive, or inappropriate. Insubordinate behavior or unwillingness to participate in scheduled activities without good reason.
 - My child is ill and potentially contagious.
- **I agree to provide a completed Health Form & Interest Form at least 2 weeks prior to camp start.**
- I grant permission for Destination ImagiNation, Inc. and Innovation Training & Consulting, Inc. to use images of activities including my child and any of my guests for the purpose of promoting Destination ImagiNation® and future ImagiNation4Life™ events. We (I) grant this permission freely without reservation. These photos may be available for purchase.

Fees and materials

The program fee for each week's session of camp is dependent upon location. See website or camp flyer for fees for your selected dates and location.

**\$20 discount if paid in full 60 days prior to camp start date.*

Cancellations and Refunds

Innovation Training & Consulting, Inc. understands that unforeseen circumstances may arise. If rescheduling for your family becomes necessary, please contact the Camp Administrator as soon as possible. If another session of camp is available, we will work with you to transfer enrollment and a \$20 transfer fee per child applies.



If rescheduling is not available or acceptable, the following refund policies apply:

- more than 30 days prior to start of camp: full refund of registration fee
- 30 to 8 days prior to start of camp: registration fee minus \$50
- within 7 days prior to start of camp: registration fee minus \$75
- after camp starts: no refund

Innovation Training & Consulting, Inc. reserves the right to cancel camp session if minimum enrollment is not achieved 21 days prior to start of camp. We will offer affected families a transfer to alternative Accept the Challenge Camp sessions (no transfer fee, of course). If no other camp sessions meet your needs, a full refund will be provided promptly.

All camp supplies and materials will be provided; however, participants may want to bring items from home (e.g., newspaper, boxes, fabric scraps, etc.) for some 'trash to treasures' projects. These items are not intended to cause any extra store trips or special purchases!

Please send an appropriate snack and drink to camp with your child each day.

End of Camp Showcase

The last day of each camp has an opportunity to showcase some activities of the campers. Plan to arrive about 90 minutes prior to the normal camp end time. Please let us know if you plan to join us.

_____ I/we plan to attend Showcase

 ___ Number of adults

 ___ Number of children

_____ I/we do not plan to attend

Thank you for the opportunity to provide a meaningful experience in teamwork, creativity, and problem solving skills development for your child. We look forward to meeting him/her and having fun together!

Please RETURN all registration forms and payment balance to:

Diana Baldi, Camp Administrator

148 W Lincoln Ave

Libertyville, IL 60048

Phone: 847-682-4093

Email: diana@innovationtrainer.com

Parent/Guardian Name (printed) _____

Signature _____ Date _____

