

REGISTRATION FORM

(COMPLETE 1 PER CHILD)

CHILD'S NAME: _____

PARENT'S NAME: _____

AGE: _____ **D.O.B.:** _____

MEMBER #: _____

GUEST NAME (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL: _____

PHONE: _____

(CAMP FEE WILL BE CHARGED TO THE MEMBER NUMBER ACCOUNT GIVEN ABOVE. NO CASH OR CREDIT CARDS ACCEPTED.)

**** A 48 HOUR CANCELLATION POLICY APPLIES TO THIS EVENT****

PARENT/ GUARDIAN SIGNATURE: _____

KISHWAUKEE COUNTRY CLUB
1901 SYCAMORE RD.
P.O. BOX 565
DEKALB, IL 60115

PHONE: 815-758-6848
FAX: 815-758-6708
WEBSITE:
WWW.KISHWAUKEECC.ORG

Do your kids have any guests that may want to come to Kid's Kamp?

All non-member children will be put on a waiting list. Members will receive first priority and only in the event that the lists are not full will guests be accepted. If the lists are not full two weeks prior to Kid's Kamp, guests will be considered on a first come, first serve basis.

*All non-member attendees of the camp must be present with the child of a member. Guests are to be billed to the member account of their host, no exceptions.

GUEST FEES

\$150 per child per session

Registration form must be completed by the guest to be put on the waiting list.

KISHWAUKEE
COUNTRY CLUB

KID'S CAMP
2009

Telephone:
(815)758-6848



EMERGENCY RELEASE FORM

Emergency Contact: _____ Relationship: _____ Phone: _____ Cell Phone: _____

Primary Physician: _____ Phone: _____

Other Authorized Adult (for pick up): _____ Relationship: _____ Phone: _____ Cell Phone: _____

Special Medical Consideration (please list all allergies, medicines, and any other medical information that will help keep your child safe):

I understand that participation in the Kishwaukee County Club Kids Kamp program includes activities under the supervision of Kishwaukee staff, management, and volunteers. I understand that Kishwaukee is permitting my child to participate in Camp activities and to use its facilities and hereby agree that I/we, parent(s)/ guardian(s), _____ will not make any claim against Kishwaukee Country Club for injury or damages resulting from my child's participation in the Camp. My child and I will follow all rules made and directions given by Kishwaukee and its affiliates in connection with the camp. I release Kishwaukee staff, management, volunteers, Directors, and all others affiliated with the camp, including without limitation, any and all claims, actions, and liabilities for injury, loss, or damage to me, my child, anyone else or to any property. I agree to defend and indemnify the club staff, management, volunteers, Directors, and all others affiliated with the club and/or camp and hold them harmless from any and all liabilities, claims, actions, damages, expenses and losses (including, without limitation, attorney's fees) of any kind or nature whatsoever in any way caused by or arising out of my or my child's participation in the camp. I authorize Kishwaukee Country Club to obtain emergency medical care/ treatment to my child from a duly licensed physician, hospital and/ or paramedic.

Parent/ Guardian Signature: _____ Print Name: _____ Date: _____

JR. GOLF WITH DAVID PAEGLOW & STAFF.
Meet the Pro
and get some golf instruction!!



ON THE GREENS WITH JEFF HOSTE AND THE GROUNDS CREW.



Spend time on the grounds and learn how the course works!

CULINARY CLASS WITH THE KITCHEN STAFF.

Become a chef and prepare nutritious and tasty meals at lunchtime with the Executive Chef at Kishwaukee!



POOL TIME
Meet the lifeguard staff and learn the basics of diving & swim strokes.
Pool contests.



Lots of games and fun free time at the end of the day.

**Golf, Tennis,
Swimming,
Fishing & More!**



**WHEN: 3 FRIDAYS IN JUNE
JUNE 12, 19, & 26**

TIME: 10:00 AM-4:00 PM

COST: \$100.00 PER CHILD

FOR AGES 5-11

**** LIMITED AVAILABILITY ****

Explore KCC with our staff !!

Includes tours of the club, arts & crafts, summer sports and more!

Call the Main Office @ 758-6848 to register for the week.

