



Adventure Bound Day Camp

Summer 2025 Registration Form

For campers entering
Grades 6—9 in Fall 2025



PRIORITY Registration: Returning 2024 families may submit completed forms in-person at the Chilson front desk during open business hours (M-Th, 5:30am-9:30pm) between **Monday, February 3rd—Thursday, February 6th**. Forms & payment are collected and processed daily in the order received.

PUBLIC Registration: New campers (or returning families who missed priority registration) - submit completed forms beginning **Tuesday, February 11** at the Chilson front desk. Numbers will be handed out upon arrival and registration begins at 7:30am. Forms are processed at the time of drop-off.

Step 1. Complete all of the following information. You will be notified of any updates or changes to your registration at the information provided.

Camper Name: _____ Birthdate: ____/____/____ Grade in Fall 2025 _____
Parent/Guardian Name(s): _____
Address: _____ City/State/Zip: _____
Primary Phone: _____ Other Phone (C/W): _____
Email Address: _____

Step 2. Review weekly camp dates, themes and fees. Then, select the weeks you would like to attend by checking the appropriate boxes below.

Friday Teen Trips may be added to complete your camper's week. These trips require an additional registration and fee. Trip details will be provided at Parent Orientation Meetings in April.

Week	Fee	Selection
Week 1: 6/2—6/5 (M-Th): Outdoor Exploration	\$205	<input type="checkbox"/>
Week 2: 6/9—6/12 (M-Th): Helping Hands	\$205	<input type="checkbox"/>
Week 3: 6/16—6/19 (M-Th): Wilderness Skills	\$205	<input type="checkbox"/>
Week 4: 6/23—6/26 (M-Th): Amateur Detectives	\$205	<input type="checkbox"/>
Week 5: 7/7—7/10 (M-Th): Jr. Counselor	\$205	<input type="checkbox"/>
Week 6: 7/14—7/17 (M-Th): Master Chef	\$205	<input type="checkbox"/>
Week 7: 7/21—7/24 (M-Th): Marvel vs. DC	\$205	<input type="checkbox"/>

DUE AT REGISTRATION:

1. Completed Registration Form
2. \$35 non-refundable registration
3. \$25/week deposit*

*Weekly deposits are applied toward the balance due for each week of camp.

For Front Desk Use ONLY

Received/Reviewed By: _____

Date & Time: _____

Household ID#: _____

Deposit due at time of registration:

of weeks: _____ x \$25/week= _____

+ \$35 Registration Fee **TOTAL DUE:** _____

FLIP OVER FOR STEPS 3, 4 & 5

Step 3. Read the policies & procedures below and initial/sign next to each.

_____ I understand that all camp spaces are filled on a first-come, first-serve basis based on availability.

_____ I understand that the \$35 registration fee is non-refundable and the \$25/week deposit will be applied towards each week's balance.

_____ I understand and agree to pay the remaining weekly balances on May 1 (Camp Weeks 1-3), June 1 (Camp Weeks 4 & 5) & July 1 (Camp Weeks 6 & 7)

_____ I understand and agree to pay any additional enrichment opportunities (swim lessons, dance/theater classes, Friday Teen Trips, etc.) with the corresponding months payment date: May 1 (all June enrichments), June 1 (all July enrichments), July 1 (all August enrichments)

_____ I understand and agree to the following cancellation policy: All cancellations may be subject to a minimum forfeiture of the \$25/week deposit. 50% of the camp fee is refundable for cancellations made less than 10 business days prior to the start of the week. No refunds will be given for cancellations made less than 5 working days prior to the start of the camp week.

_____ I understand and agree to complete my camper's online ePACT profile which includes uploading a current immunization record prior to Wed. May 7.

Additional policies & procedures are reviewed at REQUIRED (for new families) Parent Orientation meetings before camp starts.

A full 2025 ABDC Parent Manual is available online at www.lovgov.org/abdc.

Step 4. Answer the following questions by circling the appropriate response:

- Does the enrolled camper need a modification or specific support due to a disability to safely and enjoyably participate in Adventure Bound Day Camp programs? YES NO

If you answered YES, please describe the modification needed: _____

- Does your camper require medication to be administered during the camp day (routine medication, inhaler, epinephrine auto injector, etc.)?

YES NO

If you answered YES, please describe: _____

Step 5. Review ALL camp selections. Sign & date that all information provided & dates selected are accurate.

Name (Printed): _____

Signature: _____ Date: _____

CHILSON
Recreation & Senior Center
700 E. Fourth St. • cityofloveland.org/chilson