

Vernon Township Summer Day Camps

STEM Summer Camp by Noggin Builders

For ages: Entering grades 3 - 5

Explore STEM in this hands-on camp filled with experiments and open-ended design projects. Projects will be different each week, so sign up for multiple weeks of camp to keep your budding scientist or engineer engaged over the summer. Camp includes a field trip to Garoon Science Gateway each week and free-swim twice per week, weather permitting.

Camp projects may include: designing a wind turbine, building a hydraulic judo bot, creating a marble roller coaster, exploring chemical reactions of many kinds, using secret codes to create an escape room, filming a stop motion animation movie, designing a Rube Goldberg machine, wiring your own doorbell and much more!

More information is available at www.vernontownship.com or at www.nogginbuilders.com. Please use the Program Registration for to sign up for this program.

Camp Registration Information

Camper / Counselor Ratio: 10:1
Date: June 18 - August 10
Days: Monday - Friday
Time: 9:00 a.m. – 3:00 p.m.
Fee (Per week): \$385 Non-res.: \$577.50
Min/max: 15/30

Important Information:

A new camp will start each Monday:
June 18, June 25, July 9, July 16, July 23, July 30,
August 6

Summer Employment Opportunities!

Summer Camp Counselors, Lifeguards, Junior Counselors and Pool Attendants. Applications available at the Township Offices. Interviews will begin in early March.

Program Registration Form

Vernon Township
3050 N. Main Street
Buffalo Grove, IL 60089

Recreation Phone: (847) 634-1542
50 Plus Programs: (847) 634-6060

1 Family Information

| | | |
|-------------------------------------|--------------------|-----------------|
| Family Last Name: | Address: | |
| City, State: | Zip Code: | |
| Home Phone: () | Cell Phone: () | E-mail Address: |
| Alternate Contact and Phone Number: | | |
| Name of Father and Work Number: | | |
| Name of Mother and Work Number: | | |

2 Registration

| First and Last Name | Sex | Birth Date | Age | Program Name | Date of Program and Session | Time of Program | Fee |
|---------------------|-----|------------|-----|--------------|-----------------------------|-----------------|-----|
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |

Please describe any special accommodations needed for the enjoyment of this program:

Under the Americans with Disabilities Act, if you need any accommodations to participate in this activity, please check this box:

3 Payment

Forms of payment include cash or checks payable to: Vernon Township

Amount of Payment: \$

Check #

Cash

Mail or drop off registration and payment to:

Vernon Township, 3050 N. Main St., Buffalo Grove, IL 60089

There is a \$30 surcharge on all N.S.F. checks.

4 Waiver

VERNON TOWNSHIP RECREATIONAL PROGRAM WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Vernon Township programs you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participate in the above program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of the severity which I or my child/ward may sustain as a result of participating in any activities connected to or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Township and its officers, agents, servants, and employees from any and all claims as a result of participating in any of the above program(s). I hereby fully release and discharge the Township and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Township and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward and arising out, connected with, or in any way associated with the activities of any of the program(s).

I have read and fully understand the above programs details and waiver and release Vernon Township of all claims.

Signature of Participant or Parent/Guardian (if participant is under 18):

Date:

NOTE:

Participants will only be notified of class changes or cancellations.

Please fill out this form completely. Incomplete or inaccurate information will delay your registration.