



**Des Moines Park & Recreation Department
Camp K.H.A.O.S./K2 Registration Form**



Please Print and fill out completely.

NAME OF PARENT/GUARDIAN LAST FIRST		TODAY'S DATE			
STREET ADDRESS		HOME PHONE			
CITY	STATE	ZIP CODE			
PARTICIPANT'S NAME (First & Last)		BIRTHDATE	M/F	WEEK NUMBER	FEE:

METHOD OF PAYMENT	
Cash	\$
Check	\$
VISA/MC	\$
Name on Card	
Card #:	
Exp. Date	
REC'D BY:	DATE:

City of Des Moines Hold Harmless Agreement

I assume all risks and hazards of the conduct of this program. In case of injury, I waive all claims or legal actions, financial or otherwise, against the City of Des Moines, its organizers, sponsors, supervisors, employees, or any volunteers connected with the program unless injury is caused by the sole negligence of the City of Des Moines. I grant full permission to use photographs, videotapes, motion pictures, recordings or any other record of the program for any purposes. In absence of signature, payment of fees and/or participation in the program constitutes acceptance of these conditions.

Parent/Guardian Signature

Date

Camp KHAOS Refund Policy

No refunds are available on summer day camp payments. You may transfer from one week to another, but transfers need to be made by 7:00pm on the Monday PRIOR to the week from which you are transferring. Transfer forms are included in your Camp KHAOS Parent Packet.

I have read and understand the Camp KHAOS Refund Policy.

Parent/Guardian Initials