



CAMP REQUEST

2025



Turtle Splash Water Park is available for a day of "splash-tastic" fun for Summer Camp groups of at least 20 guests. Requests must be received at least one week in advance.

Agency Name _____

Main Contact's Name _____

Address _____

Phone _____ CELL HOME WORK (Choose One)

Email Address _____ **Requested Date** _____

Turtle Splash Water Park is Open Daily from 12:00pm-6:30pm

Requested Time _____ **Day of Contact Person** _____

Required Ratios: Age 5 and Under - 1:5 (One Adult to 5 Children)*
Age 6+ Years - 1:10 (One Adult to 10 Children)*
One Additional Staff Member is Required in Addition to the Ratio Above

Fees (Regular Admission Rates Apply the Day of for Additional Guests)

Camper \$11 Flat Fee (Res/Non-Res) x _____ (# of Campers) = \$ _____
Counselor FREE with 20 Campers x _____ (# of Counselors) = \$ _____

RETURN ALL CAMP REQUEST FORMS, COI, AND PAY IN FULL BEFORE APRIL 1ST TO RECEIVE \$1.00 OFF PER CAMPER

Optional Add-Ons

Swim Tests are provided free of charge upon entry. Camps are encouraged to bring their own wristbands to identify swimmers' ability. One-time use wristbands can be provided for an additional \$10.00.

Wristbands \$10 Flat Fee \$ _____

The grassy hill is the designated area for all camp groups. A canopy area can be reserved for your group. Each canopy area consists of four picnic tables.

Reserved Canopy \$50 Flat Fee \$ _____

TOTAL \$ _____



All camp requests must be paid in full at the time of booking. Number of campers can be adjusted the day of your visit prior to entering the facility. Additional payments or refunds will be processed on the same day. In case of inclement weather, call our Rainout Line at 630-225-7876 ext. 9 or visit RainoutLine.com. If Turtle Splash Water Park is closed, you will have the option to reschedule or receive a refund in full for your visit. No outside food is allowed inside the Turtle Splash Water Park facility.

Certificate of Insurance for any businesses are required. COI must list the West Chicago Park District as additional insured and be provided at least one week prior to requested date. Certificates of Insurance can be emailed to Heather Kairys, Recreation Supervisor, at hkairys@we-goparks.org.

Payment Method:

Check #: _____ (Made Payable to *West Chicago Park District*)

Charge my Account

*If you do not have an existing account with the West Chicago Park District, one will be created for you and your username and password will be emailed to you. If you need additional assistance, please call 630-231-9474.

I Understand: (Please Initial)

_____ Absolutely no outside food or drinks are allowed within the facility. Concessions items may be purchased and brought to your canopy area.

_____ Headcount is due at least one week prior to your reservation date. Payment is due in full. Refunds will be processed the day of your rental for any guests not in attendance.

_____ Any business/organization booking a rental must provide a COI listing the West Chicago Park District as additional insured. This is due at least one week prior to your rental.

Waiver:

By signing this agreement, I acknowledge that I have read and understand the terms and conditions of The West Chicago Park District's Group Rental Agreement. I agree to abide by all rules and regulations at Turtle Splash Water Park. I assume responsibility for any damage to the West Chicago Park District's Property during our use of Turtle Splash Water Park. Our group agrees to hold harmless the West Chicago Park District and all of its officers in the event of any injuries or accidents arising out of the use of Turtle Splash Water Park.

I agree to release, waive and relinquish any and all claims I (or my minor child or ward) may have as a result of participating in these programs/events against the District and LGI Inc., any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature, that might be directly or indirectly liable for any injuries that I (or my minor child or ward) might sustain as a result of participating in these programs, the District's provision of, or failure to provide, proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use (or the use by my minor child or ward) of the services, facilities, or premises involved in these programs, and transportation to and from any events.

Signature _____

Date _____

Internal Use Only

Request Received _____/_____/_____ Time: _____
____ Entered into RecTrac _____ COI Received
____ Confirmation Email Sent _____ Payment Complete