



## Registration Form

Last Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

### Americans with Disabilities Act

Please check here if you need any accommodations, in accordance with the ADA, to effectively participate in an activity or at a facility. A staff member will contact you for more information. If you do not hear from us prior to the start date of a program, please call to confirm your accommodations.

Participant Name	Age	Birthdate	Gender	Shirt Size	Program Code	Program Name	Day/Time	Fees

Would you like to donate towards our Grant-In-Aid Program?

If yes, amount

Any amount is greatly appreciated.

**Total Fees:**

### PLEASE PRINT CLEARLY

Check One:                      VISA                      MasterCard                      Discover Card  
 Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_ (Back of Card)                      Month/Year)  
 Authorized Signature \_\_\_\_\_

**I have read and understand the Waiver and Release of all Claims on the back of this form.**

Signature of Participant or Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### For Office Use Only

Date Received \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check \_\_\_\_\_  
 Charge \_\_\_\_\_  
 Total Fees Paid \_\_\_\_\_

**Mail To:** Grayslake Park District  
 240 Commerce Drive  
 Grayslake, IL 60030

**Fax To:** (847) 223-6386

## **IMPORTANT INFORMATION**

The Grayslake Community Park District (Park District) is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents and/or guardians registering their child/ward in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program and/or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

### **WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering yourself or your minor child (ren)/ ward(s) for participation in Park District programs, you will be waiving and releasing all claims for injuries you or your child (ren)/ ward (s) might sustain arising out of the above programs with the Park District.

I recognize and acknowledge that there are certain risks of physical injury to participants in the District programs and I agree to assume the full risk of any such injuries, including death, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any and all activities connected or associated with such programs. When registering by fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against the Park District and other agencies and its officer, agents and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the programs. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me or by my child/ward arising out or, connected with, or in any way associated with the activities of any of the programs.

In the event of any emergency, I authorize Grayslake Community Park District officials to secure my any licensed hospital, physician and /or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that will be responsible for payment of any and all medical services rendered. I also understand that unless specifically stated in writing at the time of registration, registrants and participants permit the taking of photos and videotapes of themselves and their children during Park District activities for publication and use as the Park District deems necessary.