

Will I know right away if I am enrolled in a class?

Yes, you will receive an immediate confirmation that you have been enrolled in a program. You can view and print your confirmation at the end of the registration process and a confirmation will be sent directly to your email.



What else can I do online?

You are able to browse all programs offered and view up-to-date class enrollment numbers. If you are registered for a program that offers a multiple payment schedule, you are able to pay your balance online. You also have the ability to review all the programs for which you (and your family) have registered and reprint receipts.

Who can register online?

Any individual or household may register for Park District programs online by submitting the Online Activation Form. However, to receive resident rates, you must have established proof of residency. On-line payments are processed through a secure system. Visa, MC, Discover, and debit cards accepted.

How long will it take to activate my household user ID?

After you submit your form and proof of residency documents, your household User ID and temporary password will be assigned. The first time you log on, you will be prompted to change your password.

Which programs are eligible for online registration?

All programs that have a code number assigned. Fitness and Family Aquatic Center passes are not eligible.

Proof of Residency Requirements

In order to improve service to our residents and ensure that all program participants are charged equitably, the Vernon Hills Park District has revised its proof of residency process.

Hawthorn School District 73 residents that live outside of Vernon Hills Park District boundaries are eligible for resident rates. The only exceptions are facility rentals and daily admissions to the Family Aquatic Center. In addition, they must wait until the non-resident registration dates to register for programs.

Vernon Hills and District 73 residents must providing the following proof of residency on an annual basis:

- State Photo ID or Drivers License, and
- Real Estate Tax Bill or current utility bill (no older than 60 days), or proof of recent real estate contract closing.

Proof of residency must be submitted in-person during regular business hours at the Sullivan Community Center
635 N. Aspen Dr., Vernon Hills

Questions about the proof of residency policy or online registration?
Call 847-996-6800 or
email: reginfo@vhparkdistrict.org

Online Activation Form

Family Last Name _____ Elementary School District _____

Address _____ City _____ Zip _____

Home Phone _____ Alt. Phone _____ Email _____

All family members names at this address:			
Name	Birthday	Circle One	Grade
Name _____	_____	M/F _____	_____
Name _____	_____	M/F _____	_____
Name _____	_____	M/F _____	_____
Name _____	_____	M/F _____	_____
Name _____	_____	M/F _____	_____

Return this form to the Vernon Hills Park District, 635 N. Aspen Drive, Vernon Hills, IL 60061

Registration

NEW REGISTRATION PROCESS - NO LOTTERY!

NO LOTTERY

Registration will now be processed on a first-come first-served basis.

FEB. 1 at 8:00 am**RESIDENT** registration begins, online and in-person.

FEB. 8 at 8:00 am**NON-RESIDENT** registration begins, online and in-person. This includes non-residents who attend Hawthorn District 73 schools.

4 WAYS TO REGISTER

ONLINE at www.vhparkdistrict.org OR

IN PERSON at the Sullivan Community Center OR

MAIL to Sullivan Community Center, 635 N Aspen Drive, Vernon Hills, IL 60061 OR

FAX your completed form to 847-996-6801

Payment for faxed registrations: VISA, Mastercard, Discover or Debit Cards accepted. The Park District is not responsible for incomplete transmissions. Please call 847-996-6800 to verify receipt.

Class Cancellations

The Park District makes every effort to avoid cancelling classes. However, in order to operate efficiently, programs must have a minimum number of registered participants 2-5 days before class start date to avoid cancellation. If a program is cancelled, participants will be notified prior to the start of the program and a full refund will be issued.

Refunds

- A full refund, minus a \$5 service charge, will be granted if the request is received at least 10 business days before the start of the program. To avoid the service charge, you may apply the refund toward another Park District program or accept a credit for future use.
- Refund requests received less than 10 days before the start of a program or after a program has begun will be granted and pro-rated upon administrative approval. The \$5 service charge will apply.
- No refunds will be issued once 50% of the program session has been completed.
- Season passes are not refundable.
- Refunds will be mailed to participants approximately 2-3 weeks after administrative approval is received.
- Camp has a separate refund policy. See page 10 for details.

Refund request forms are available from the front desk at the Sullivan Community Center and must be returned to the same location.

Please Note: You must have proof of residency on file. See page 29 for details.

Tips for Fast & Easy Registration!

- Prior to the registration date, please make sure your proof of residency is up-to-date regardless of which way you register.
- Registration forms will not be accepted prior to February 1 for residents and February 8 for non-residents.
- Be sure to completely and legibly fill out the registration form.
- You may list up to two participants on each form. If you need more room, you can print the form off our website, or stop by the Sullivan Center and pick up extra forms.
- Where possible, please list an alternate choice. It will only be used if your preferred choice is full.
- Make check or money order payable to the Vernon Hills Park District or fully complete the credit card information. Pay only the amount of your preferred choice(s).
- Waivers must be signed. The waivers are located on the reverse side of the registration form with the signature on the front of the form. Parents must sign the waiver for those under 18 years old.
- Mail, drop off or fax your form with the appropriate fees to the Sullivan Community Center.

Sports/Mini camp Registration Form

Family Last Name _____ Home Phone _____ Your confirmation will be emailed to you.
 Email _____
 I agree to the waiver on the back of this form. Signature _____ Date _____
 Address _____ City _____ Zip _____
 Have you moved in the past year? _____ School District _____
 Emergency Name _____ Emergency Phone _____

Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 12) _____
 Check if you need any special accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in these programs.

Preferred (1st choice)		Alternate (2nd choice)				
Program	Code	Fee	Program	Code	Fee	Office Use

Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 12) _____
 Check if you need any special accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in these programs.

Preferred (1st choice)		Alternate (2nd choice)				
Program	Code	Fee	Program	Code	Fee	Office Use

Medical Conditions
 Please note allergies, medications, or other conditions which may affect participation.
 Name: _____
 Comments: _____

Total Fees _____ Make checks payable to: Vernon Hills Park District
 NOTE: Payments will be deposited upon receipt.

Charge To: Visa Mastercard Discover Debit Card

Account Number _____

Cardholder Name _____ Exp. Date _____ Charge Amount _____

Authorized Signature _____ Date _____

All program cancellations must be made in writing ten working days before the start of the program.
 A \$5 service charge will be assessed per registrant, per program.

Registration waiver

VERNON HILLS PARK DISTRICT PROGRAM WAIVER, RELEASE, AND CONSENT TO BE PHOTOGRAPHED

Please read this form carefully and be aware that, by registering for, and for participating in, Vernon Hills Park District ("District") programs, you are releasing all claims for injuries arising out of these programs that you or your minor child or ward who is a named participant might sustain. In registering for these programs, you are agreeing as follows:

As a participant (or the parent or guardian of a minor participant) in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any damages or loss which I (or my minor child or ward) may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

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 against the District, 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.

I understand the nature of the programs for which I am registering, either individually or on behalf of my minor child or ward, and have read and fully understand this Waiver and Release of All Claims. I further understand that any advisements or warnings of the particular risks of these programs that I or my minor child or ward subsequently receive will be incorporated by reference into and become a part of this Agreement.

I acknowledge that District staff may photograph participants in District programs, classes or events and that the District may publish any of these photographs in its catalogues, brochures, pamphlets or fliers. I hereby consent to the District taking and publishing photographs of me or my minor child or ward.

Swim Lesson Registration Form

Family Last Name _____ Home Phone _____ Your confirmation will be emailed to you.
 Email _____
 I agree to the waiver on the back of this form. Signature _____ Date _____
 Address _____ City _____ Zip _____
 Have you moved in the past year? _____ School District _____
 Emergency Name _____ Emergency Phone _____

Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 12) _____
 Check if you need any special accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in these programs.

Preferred (1st choice)				Alternate (2nd choice)			
Swim Level	Time	Session	Code	Fee	Time	Session	Code

Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 12) _____
 Check if you need any special accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in these programs.

Preferred (1st choice)				Alternate (2nd choice)			
Swim level	Time	Session	Code	Fee	Time	Session	Code

Medical Conditions
 Please note allergies, medications, or other conditions which may affect participation.
 Name: _____
 Comments: _____

Total Fees _____ Make checks payable to: Vernon Hills Park District
 NOTE: Payments will be deposited upon receipt.

Charge To: Visa Mastercard Discover Debit Card
 Account Number _____

Cardholder Name _____ Exp. Date _____ Charge Amount _____
 Authorized Signature _____ Date _____

All program cancellations must be made in writing ten working days before the start of the program.
 A \$5 service charge will be assessed per registrant, per program.

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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 against the District, 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.

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Day Camp Registration Form

Family Last Name _____ Home Phone _____ Your confirmation will be emailed to you.
 Email _____
 I agree to the waiver on the back of this form. Signature _____ Date _____
 Address _____ City _____ Zip _____
 Have you moved in the past year? _____ School District _____
 Emergency Name _____ Emergency Phone _____
 Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 12) _____

Check if you need any special accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in these programs.

Preferred (1st choice)				Alternate (2nd choice)			
Camp	Code	Swim Level	Fee	Camp	Code	Swim Level	Fee

Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 12) _____

Check if you need any special accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in these programs.

Preferred (1st choice)				Alternate (2nd choice)			
Camp	Code	Swim Level	Fee	Camp	Code	Swim Level	Fee

Total Fees _____ Make checks payable to: Vernon Hills Park District
 NOTE: Payments will be deposited upon receipt.

Charge To: Visa Mastercard Discover Debit Card

Account Number _____

Cardholder Name _____ Exp. Date _____ Charge Amount _____

Authorized Signature _____ Date _____

Medical Conditions

Please note allergies, medications, or other conditions which may affect participation.

Name: _____

Comments: _____

All camp cancellations must be made prior to the registration deadlines (see page 10) if you wish a refund, less a \$5 service charge. After that, a 25% service charge will be assessed..

Registration waiver

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Friendship Request Form

Friendship Request Form

DEADLINES: Session I - May 14 • Session II - June 18

Friendship requests may only be submitted for camps: Firefly, Starfish, Little Giants, Jr. Crew, Road Trip, Sports, Lil Rascals, & Kid Zone

Girlfriends will make their own groups the first day. Guidelines for making a friendship request are:

- Only one friend may be placed with your child and both must be entering the same grade in the fall.
- Friendship requests are only accepted if the form below is completely filled out.
- You may only request one friend and that friend must also request you. Before submitting a friendship request you must have approval from the parent of the child you are requesting to be with.
- If you submit more than one name, the first name listed will be the only one used.

Camper's Name _____ Grade (Fall '12) _____ Phone _____ email _____

Friend's Name _____ Grade (Fall '12) _____ Phone _____ email _____

	Firefly	Starfish	Jr. Crew	Little Giants	Road Trip	Sports Camp	Lil Rascals	Kid Zone
Session I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Camper's Name _____ Grade (Fall '12) _____ Phone _____ email _____

Friend's Name _____ Grade (Fall '12) _____ Phone _____ email _____

	Firefly	Starfish	Jr. Crew	Little Giants	Road Trip	Sports Camp	Lil Rascals	Kid Zone
Session I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>