

## 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 are not eligible to be a part of the lottery process and may begin registering during open registration which begins December 16.

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](mailto:reginfo@vhparkdistrict.org)

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

If you registered online, you will receive an email confirmation of enrollment status upon completion of payment.

### 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. Online payments are processed through a secure system. Visa, MC, Discover 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.

## Online Activation Form

Family Last Name \_\_\_\_\_ Elementary School District \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

Dec. 5 at 8:00 am.....**RESIDENT** registration, online and in-person, begins

Dec. 12 at 8:00 am.....**NON-RESIDENT** registration, online and in-person, begins  
This includes non-residents who attend Hawthorn District 73 schools.

### 4 Ways to Register

**Online** at [www.vhparkdistrict.org](http://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 canceling 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.

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

### Tips for Fast & Easy Registration!

- No matter which way you prefer to register, prior to the registration date make sure your proof of residency is up-to-date.
- Registration forms will not be accepted prior to December 5 for Residents and December 12 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.

*Please Note: You must have proof of residency on file.  
See page 51 for details.*

# Registration

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Your confirmation will be emailed to you.

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 11) \_\_\_\_\_

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)			Office Use
Program	Code	Fee	Program	Code	Fee	

Participant \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Grade (Fall 11) \_\_\_\_\_

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)			Office Use
Program	Code	Fee	Program	Code	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 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.

# 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 flyers. I hereby consent to the District taking and publishing photographs of me or my minor child or ward.

# Preschool Registration

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Your confirmation will be emailed to you.

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 \_\_\_\_\_

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

CHILD INFORMATION	
First Name _____	Birthdate _____ Age _____ Sex _____
PRESCHOOL CLASSES 2's • Young 3's • 3's • 4's • Pre-K • Enrichment Class	
Class _____	Code _____ Fee: \$100.00 Deposit
Please indicate your alternative choice here	Code _____ Fee: \$100.00 Deposit
SUPPLEMENTAL PRESCHOOL CLASSES Investigation Station	
Class _____	Code _____ Fee _____ (Full amount due)
Please indicate your alternative choice here:	Class _____ Code _____

**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 \_\_\_\_\_

<p><b>Medical Conditions</b></p> <p>Please note allergies, medications, or other conditions which may affect participation.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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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 begins upon receipt of brochure.

## 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 flyers. I hereby consent to the District taking and publishing photographs of me or my minor child or ward.