

Registration Form **Spring/Summer 2008**

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

Family Last Name _____ Home Phone (_____) _____

I agree to the waiver on the back of this form. Signature _____ Date _____

Address _____ Have you moved in the past year? _____

City _____ Zip _____ School Dist. _____

Emergency Name _____ Emergency Phone (_____) _____

E-mail _____ Your confirmation will be emailed to you!

Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 08) _____

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

PREFERRED (1 st choice)			ALTERNATE (2 nd choice)			
Program	Code	Fee	Program	Code	Fee	OFFICE USE

Alternate choice will be used if your preferred choice is full. All preferred choices MUST be on a separate line.

Participant _____ Age _____ Birthdate _____ Sex _____ Grade(Fall 08) _____

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

PREFERRED (1 st choice)			ALTERNATE (2 nd choice)			
Program	Code	Fee	Program	Code	Fee	OFFICE USE

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.

TOTAL FEES _____ Make checks payable to: VERNON HILLS PARK DISTRICT

NOTE: Payments will be deposited upon receipt.

Charge To: Visa Mastercard Discover Debit Card

OFFICE USE ONLY
Received By: _____
Date: _____

Account Number _____ ** _____

**SECURITY CODE REQUIRED-last three digits located on signature line on back of card

Cardholder Name _____ Expiration Date _____ Charge Amount _____

Authorized Signature _____ Date: _____

Registration 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.