



SCHOOL'S OUT PROGRAM

HAWTHORN ELEMENTARY NORTH

FALL 2018



Family Last Name _____ Primary Phone (_____) _____
 Work Phone (_____) _____ Secondary Phone (_____) _____
 Address _____ Email _____
 City _____ Zip _____
 Emergency Contact _____ Relationship _____
 Emergency Phone #1 (_____) _____ Emergency Phone#2 (_____) _____

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

1st Participant _____ **Age** _____ **Birthdate** _____ **Gender** _____ **Grade (Fall 18)** _____
 Check if this participant needs any accommodations, in accordance with The American with Disabilities Act, to effectively participate in any of these activities.

2nd Participant _____ **Age** _____ **Birthdate** _____ **Gender** _____ **Grade (Fall 18)** _____
 Check if this participant needs any accommodations, in accordance with The American with Disabilities Act, to effectively participate in any of these activities.

Check the box(es) for the days your child(ren) will be attending:

- | | |
|--|---|
| <input type="checkbox"/> Mon., September 10, 2018 (Code: 950101-1) | <input type="checkbox"/> Thurs., December 27, 2018 (Code: 950101-8) |
| <input type="checkbox"/> Wed., September 19, 2018 (Code: 950101-2) | <input type="checkbox"/> Fri., December 28, 2018 (Code: 950101-9) |
| <input type="checkbox"/> Fri., October 5, 2018 (Code: 950101-3) | <input type="checkbox"/> Wed., January 2, 2019 (Code: 950101-10) |
| <input type="checkbox"/> Tues., November 20, 2018 (Code: 950101-4) | <input type="checkbox"/> Thurs., January 3, 2019 (Code: 950101-11) |
| <input type="checkbox"/> Wed., November 21, 2018 (Code: 950101-5) | <input type="checkbox"/> Fri., January 4, 2019 (Code: 950101-12) |
| <input type="checkbox"/> Fri., December 21, 2018 (Code: 950101-6) | |
| <input type="checkbox"/> Wed., December 26, 2018 (Code: 950101-7) | |

Method of Payment: Cash Credit Card Check # _____ H/H credit _____

Total Paid: \$ _____ All credit cards are charged & cash and checks are deposited as they are received
 Make checks payable to: Vernon Hills Park District

Fee: \$40/day

Charge To: Visa MasterCard Discover Debit
Account Number _____ **Exp Date** _____
Cardholder Name _____ **CVV** _____
Authorized Signature _____ **Amt \$** _____

Medical Conditions

Please note any allergies, special medications, or additional conditions which may affect participation.

Name: _____

Comments: _____

All programs 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.

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

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 or 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 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 receives will be incorporated by reference into and become a part of this Agreement.

I acknowledge that District staff may photograph/video participants in District programs, classes or events and that the District may publish any of these photographs/videos in its catalogues, brochures, pamphlets, flyers, on its website and via social media. I hereby consent to the District taking and publishing photographs/video of me or my minor child or ward.