



SCHOOL'S OUT PROGRAM

HAWTHORN ELEMENTARY NORTH

WINTER/SPRING 2019



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., January 21, 2019 (Code: 950101-13) | <input type="checkbox"/> Tue., March 26, 2019 (Code: 950101-19) |
| <input type="checkbox"/> Mon., February 18, 2019 (Code: 950101-14) | <input type="checkbox"/> Wed., March 27, 2019 (Code: 950101-20) |
| <input type="checkbox"/> Fri., February 22, 2019 (Code: 950101-15) | <input type="checkbox"/> Thurs., March 28, 2019 (Code: 950101-21) |
| <input type="checkbox"/> Fri., March 1, 2019 (Code: 950101-16) | <input type="checkbox"/> Fri., March 29, 2019 (Code: 950101-22) |
| <input type="checkbox"/> Mon., March 4, 2019 (Code: 950101-17) | <input type="checkbox"/> Fri., April 19, 2019 (Code: 950101-23) |
| <input type="checkbox"/> Mon., March 25, 2018 (Code: 950101-18) | |

Fee: \$40/day

Method of Payment: Cash Credit Card Check # _____ Acct. 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

Charge To: Visa MasterCard Discover
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.

OFFICE USE: Contact information verified in RecTrac _____ (initials)

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.