# REGISTRATION FORM

Is this the first time you are registering for programs at the VHPD? ☐ No ☐ Yes – if yes, complete back of form

Family Last Name _____ Primary Phone (_____)_____
Secondary Phone (_____)_____ Email _____
Address _____
City _____ Zip _____ School District #73: ☐ Yes ☐ No
Emergency Contact _____ Relationship _____
Emergency Phone #1 (_____)_____ Emergency Phone #2 (_____)_____
***I agree to the waiver on the back of this form. Signature***_____ ***Date***_____

**Participant** _____ **Age** _____ **Birthdate** _____ **Gender** _____**Grade (Fall '20)** _____

☐ *Check if this participant needs any accommodations, in accordance with The American with Disabilities Act, to effectively participate in any of these activities.*

| CODE | PROGRAM | FEE | | OFFICE USE | | |
|---|---|---|---|---|---|---|
| | | | | R / W | Initials: | Date: |
| | | | | R / W | Initials: | Date: |
| | | | | R / W | Initials: | Date: |
| | | | | R / W | Initials: | Date: |

**Participant** _____ **Age** _____ **Birthdate** _____ **Gender** _____**Grade (Fall '20)** _____

☐ *Check if this participant needs any accommodations, in accordance with The American with Disabilities Act, to effectively participate in any of these activities.*

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| | | | | R / W | Initials: | Date: |
| | | | | R / W | Initials: | Date: |
| | | | | R / W | Initials: | Date: |
| | | | | R / W | Initials: | Date: |

**Method of Payment: ☐ Cash ☐ Credit/Debit Card ☐ Check #**_____ **Account 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**

I authorize the Vernon Hills Park District to automatically charge the credit/debit card listed below for program registrations offering a payment schedule - check applicable program(s): ☐ Preschool ☐ Swim Team ☐ Dance

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

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.

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

**Name:** _____
**Comments:** _____
_____

OFFICE USE: **Contact information verified in Max Galaxy** _____**(initials)**

# REGISTRATION FORM

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

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

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**NEW HOUSEHOLDS MUST COMPLETE THE INFORMATION BELOW:**

List all family members that live at this address listed on the front of form:

| NAME | BIRTHDATE | CIRCLE ONE | GRADE |
|---|---|---|---|
| _____ | _____ | Male Female | _____ |
| _____ | _____ | Male Female | _____ |
| _____ | _____ | Male Female | _____ |
| _____ | _____ | Male Female | _____ |
| _____ | _____ | Male Female | _____ |
| _____ | _____ | Male Female | _____ |