

Bright Beginnings Registration

Resident registration for our 2008-2009 program will be accepted by mail or may be dropped off at the office.

Make checks payable to:
Lake Bluff Park Dist.
355 W. Washington Ave.
Lake Bluff, IL 60044

Child's Last Name If Different From Parent _____

Family Name _____ Home Phone _____

Mother's Name _____ Mother's Daytime Phone _____

Father's Name _____ Father's Daytime Phone _____

Address _____ City _____ Zip Code _____

Emergency Phone _____ Name _____

Physical Limitations _____

Allergies _____ Email address _____

C H O I C E S	NAME OF CHILD	BIRTHDATE MO/DAY/YR	AGE AS OF 09/01/07	Gender	CLASS NUMBER	CLASS	TIME	DAYS	REGISTRATION FEE*
	1								
2									

**REGISTRATION FEE IS DUE WITH REGISTRATION.
 REGISTRATION FEE IS NON-REFUNDABLE.**

***If registering after 7/25/08, the first payment is due with the registration fee at initial registration.**

Sub. Total \$ _____
 Non-Resident Add \$200.00 \$ _____
TOTAL \$ _____

Do you need any accommodation, in accordance with the Americans with Disabilities Act, to effectively participate in the above activity and/or facility? Yes _____ No _____

INSURANCE LIABILITY WAIVER The Lake Bluff Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Lake Bluff Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety. Please recognize that the Lake Bluff Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake Bluff Park District automatically responsible for payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District **REQUIRES** the execution of the following Waiver and Release. Your cooperation is greatly appreciated. Please read this form carefully and be aware in participating in the program(s) listed above, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

WAIVER AND RELEASE OF ALL CLAIMS As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation. I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

PERMISSION TO SECURE TREATMENT In the event of emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any and all medical services required. I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment. (Note: Please sign in an appropriate space below.)

I have carefully read the insurance liability waiver on this form and I understand that my signature is required below in order to participate in Lake Bluff Park District programs.

Signature _____ Date _____

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card# _____ Exp. Date _____ Total Payment _____ Signature _____ <input type="checkbox"/> I am requesting Automatic Payment to be taken on the four payment due dates in the brochure. Receipt will be mailed each time.	Cash Check Charge (Circle One)	I have carefully read the insurance liability waiver on this page, and I understand that my signature is required below in order to participate in Lake Bluff Park District programs. Signature _____ Date _____
	Mail this form with your payment in full to: Lake Bluff Park District Registration 355 W. Washington Ave. Lake Bluff, IL 60044-0095	