

ARC Registration Form 2017-2018

Fax: 847-234-7275

ARC Options					
Full Day: After School until 6:00 pm	Half Day: After School until 4:30 pm				
Five Days: \$300	Five Days: \$203				
Three Days: \$199	Three Days: \$139				
Two Days: \$156	Two Days: \$107				

All options cover a 20 school day period

Specify Days: M Tu W Th F (Circle)

Child's Last NameAddress				Telephone () Apt. #				
								City/State/Zip
Mother's Name (if residing in household)			Fath	Father's Name (if residing in household)				
Mother's Daytime Phone				Father's Daytime Phone				
Mother's Cell Phone				Father's Cell Phone				
Email Address								
Participant's First Name Sex		Sex: M or F	DOB	Grade in 9/2017	ade in 9/2017 Fee			
Payment Method:	Ayment Method: Cash Check Check # Make payable to Lake Bluff Park District Charge Card # Exp. Date Total Payment \$							
Special Needs: Please indi	cate if there is an	y medical infor	mation (asthma, diab	etes, etc.) or food	allergies that the staff should	be aware of.		
holds the safety of the particip that there is an inherent risk o insists that all participants follc District does not carry medica person registering themselves that the absence of health insu difficulty and high cost of obta Your cooperation is greatly ap Please read this form carefully	AIVER The Lake E ants in the highest injury when choose we safety rules and accident insurance or a family memburance coverage during liability insural preciated.	Bluff Park Distriction possible regardsing to participal I instructions where for injuries super for a recreation oes not make the innce, the agence	ct is committed to cond d. Participants and pa te in recreation activiti nich have been design stained in its programs on program/activity sh- ne lake Bluff Park Distr y providing liability cov	ducting its recreation rents registering the es. The Lake Bluff led to protect the parts. The cost of such build review their ow ict automatically reserrage for the District	n programs and activities in the programs and activities in the programs and activities in the programs of the program fees proben to the program fees proben to the program of the progra	must recognize however, to reduce such risks and nize that the Lake Bluff Park iibitive. Therefore, each verage. It must be noted al expenses. Due to the he Waiver and Release.		
recognize and acknowledge that which I may sustain as a result of when provided). I agree to waivemployees. I do hereby fully relidamage, or loss which I may have	F ALL CLAIMS At there are certain ris f participating in any e and relinquish all dease and discharge re or which may accomployees from any at	sks of physical in y and all activities claims I may have the Park District true to me on acc and all claims res	jury and I agree to assur s connected with or assor e as a result of participa and its officers, agents, count of my participation	me full risk of any inju ociated with such prog ting in the program ag servants, and employ . I further agree to in	the age of 18) in the Lake Bluff Priries, including death, damages, or gram (including transportation sengainst the Park District and its offices from any and all claims from demnify and hold harmless and des, or losses sustained by me or ar	r loss regardless of severity vices, and vehicle operations, cers, agents, servants, and injuries, including death, efend the Park District and its		
PERMISSION TO SECURE personnel any treatment deemed	TREATMENT In d necessary for my i	the event of eme mmediate care a	and I agree that I will be	responsible for payme	ecure from any licensed hospital, pent of any and all medical services a Treatment. (Note: Please sign in	s required. I have read and		
I have carefully read the insuran	ce liability waiver on	this form and I	understand that my signa	ature is required below	w in order to participate in the Lak	e Bluff Park District programs.		
Parent/Guardian Signature				Date				