

# Registration Form

## Lake Bluff Park District Program Registration

355 W. Washington Avenue Lake Bluff, Illinois 60044 • Phone 847-234-4150 • Fax 847-234-7275

PLEASE PRINT • YOU MUST FILL OUT FORM COMPLETELY OR PROCESSING WILL BE DELAYED

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Child's Last Name If Different from Family Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name (if residing in household) \_\_\_\_\_ Father's Name (if residing in household) \_\_\_\_\_

Mother's Daytime Phone \_\_\_\_\_ Father's Daytime Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

- Be sure to complete each line of the table below.
- Use this form for your whole family.
- Make checks payable to Lake Bluff Park District.
- Call the Office if you have any questions about this form.

Program Number	Registrant's First Name	Gender	Date of Birth M/D/Y	Current Grade	Program Name	Fee	Paid

**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 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 (or as a parent/guardian of a participant under age 18) in the Lake Bluff Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume 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 Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park 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 Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or arising out of, connection with, or in any way associated with the activities of the program.

**PERMISSION TO SECURE TREATMENT** In the event of emergency, I authorize Park 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 \_\_\_\_\_

MasterCard     Visa

Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Total Payment \_\_\_\_\_

Signature \_\_\_\_\_

**Circle one**

CASH

CHECK

CHARGE

**Assistance as required by the Americans with Disabilities Act can be made available to participants. Check box for processing if applicable.**

Mail this form with your payment in full to:

**Lake Bluff Park District Registration**

355 W. Washington Ave.  
Lake Bluff, IL 60044