

**KINDERHAVEN PRESCHOOL**  
**Lake Forest Parks and Recreation Department**

**REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Address: \_\_\_\_\_ School year: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note any physical, mental, or diet limitations, allergies, special medications or additional conditions which may affect the child's participation:

1. I give the Lake Forest Parks and Recreation Department my permission to contact my child's pediatrician if necessary. \_\_\_\_\_ (please initial)
2. I give permission for my child, \_\_\_\_\_, to receive emergency medical care. This may include, but is not limited to first aid administered by staff, child's pediatrician, paramedics, emergency treatment at Lake Forest Hospital.
3. I give the Lake Forest Parks and Recreation Department permission to take \_\_\_\_\_ on Carefully supervised excursions with the group. I understand that I will be informed of each trip in advance.

Parent's signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

---

Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest Recreation Department and the City of Lake Forest for any claims arising out of participation in said program(s).

**Risk of Injury**

"As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

**Waiver of Injury Claims**

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

**Release from Liability**

"I do hereby fully release and discharge the Lake Forest Recreation Department and the City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

**Indemnity and Defense**

"I further agree to indemnify, hold harmless and defend the Lake Forest Recreation Department and the City of Lake Forest and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the Lake Forest Recreation Department to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

**ACKNOWLEDGED AND AGREED TO THIS \_\_\_\_\_ DAY**

**OF \_\_\_\_\_, 200\_\_**

**Authorized Signature**

\_\_\_\_\_  
**Participant/Parent/Legal Guardian**