

LAKE FOREST PARKS & RECREATION DEPARTMENT REGISTRATION FORM

400 HASTINGS RD. • LAKE FOREST, IL 60045 • 847.234.6700 • FAX: 847.615.4251

Family Name: _____ Date: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 Emergency Contact: _____ Phone: _____
 Email Address: _____

Medical Concerns

Please note any diet limitations, allergies, special medications, or additional conditions which may affect participation.

Name: _____
 Comments: _____

Participant's Name	Age	Grade	Birthdate	Sex M or F	Activity Code #	Activity Name	Beginning Date	Fee	Office Use
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
Total								\$	

Americans with Disabilities Act



The Lake Forest Parks & Recreation Department encourages participation by everyone! If you or a family member have special needs and would like to participate in a program, we will be happy to make modifications to meet your needs. Please indicate below if you would like information regarding our integration programs and/or modifications for program participants according to the Americans with Disabilities Act.

YES, please call with information. _____

If you do not hear from us within two weeks prior to the start date of a program, we encourage you to contact the Recreation Department.

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, including transportation and approved vehicle operation when provided." **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, including transportation and approved vehicle operation when provided."

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, including transportation and approved vehicle operation when provided." **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, including transportation and approved vehicle operation when provided." 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."

**ATTENTION! Please fill out your registration form COMPLETELY.
 Don't forget to sign the Liability Waiver!**

ACKNOWLEDGED AND AGREED TO THIS - I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.
 _____ DAY OF _____, 201_____

Authorized Signature Participant/Parent/Legal Guardian _____

Authorized Signature _____

Card Number _____

Expiration Date _____ CSV# _____

Check Credit Card Cash

