

ParkSchool Registration Form

Please complete a separate form for each child

OFFICE USE ONLY

Facility : CIA / DCRC / HNC / HPGLC / RCHP / SVGC / WRC

Payment: CASH / CK / VISA / MC / DISC / OTH

Verified Total: \$ _____

(CREDIT ONLY) Last 4 Digits of Card: _____

Staff Entering: _____

Registrant Information (Please Print in Ink)

/ / M / F / U

REGISTRANT NAME (FIRST & LAST) REGISTRANT BIRTHDATE GENDER (CIRCLE ONE)

PARENT/GUARDIAN NAME (FIRST & LAST) ADDRESS CITY STATE ZIP

PRIMARY PHONE (BEST NUMBER TO REACH YOU) SECONDARY PHONE EMAIL ADDRESS



We encourage participation by everyone and provide reasonable accommodations in accordance with ADA standards. If you require program assistance for special needs, check the box to be contacted by our NSSRA Inclusion Liaison. For more information, please call Natalie Liang at 847.579.3131.

- Special Accommodations ADA Information (Check if needed)**
- Grant-In-Aid (Please check box if current grant recipient.) % _____

Activity Number	Activity Name	Season	-----STAFF ONLY-----			Payment Options
			Program Fee	Discounts	Net Fee	
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring				<input type="checkbox"/> Pay-In-Full <input type="checkbox"/> Fall Payment Plan <input type="checkbox"/> Winter Payment Plan
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring				<input type="checkbox"/> Pay-In-Full <input type="checkbox"/> Fall Payment Plan <input type="checkbox"/> Winter Payment Plan
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring				<input type="checkbox"/> Pay-In-Full <input type="checkbox"/> Fall Payment Plan <input type="checkbox"/> Winter Payment Plan
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring				<input type="checkbox"/> Pay-In-Full <input type="checkbox"/> Fall Payment Plan <input type="checkbox"/> Winter Payment Plan
		<input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring				<input type="checkbox"/> Pay-In-Full <input type="checkbox"/> Fall Payment Plan <input type="checkbox"/> Winter Payment Plan
Total Fees						

Payment Plan Authorization - Skip If Paying In Full (A Valid Credit/Debit Card Is Required to Schedule Payments)

<p>Fall Payment Plan – 5 equal installments. First is due at time of registration. Payments processed automatically on Aug 5, Sept 5, Oct 5 and Nov 5.</p> <p>Total Fall Fees (After Discounts) = \$ _____ / 5 Installments</p> <p>Monthly Scheduled Payment Amount = \$ _____</p>	<p>Winter Payment Plan – 6 equal installments. First is due at time of registration. Payments processed automatically on Dec 5, Jan 5, Feb 5, Mar 5 and Apr 5.</p> <p>Total Winter Fees (After Discounts) = \$ _____ / 6 Installments</p> <p>Monthly Scheduled Payment Amount = \$ _____</p>
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I authorize the Park District of Highland Park to initiate charges for the purposes of payment for the selected program(s) in accordance with its established payment schedule as outlined above. In the event my payment is declined due to insufficient funds, the Park District of Highland Park has the authority to withdraw the participant and charge a \$20 non-sufficient charge/rejected credit card fine, plus any applicable service charges in accordance with Park District of Highland Park policy.

Authorized Signature _____ Date _____

Today's Payment Amount = \$ _____

Check
 VISA, MasterCard or Discover (In-Person only)
 Debit Card (In-Person only)
 Cash (In-person only)

Make checks payable to the Park District of Highland Park (Address: 636 Ridge Road, Highland Park, IL 60035)

Park District of Highland Park Waiver and Release

IMPORTANT INFORMATION: The Park District of Highland Park is committed to conducting its recreation programs and activities in a safe manner, providing safe aquatic facilities and programs, and holds the safety of participants in high regard. The Park District of Highland Park continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any fitness center activity, or any physical/aquatic activity.

Please understand and recognize that lifeguards are not responsible for providing supervision or assessing your swimming skills or that of your minor child; rather, lifeguards are responsible for enforcing safety rules and responding to emergencies. Adult pool pass holders and parents of minor pool pass holders are solely responsible for supervision of any and all activities contemplated by this agreement. Additionally, children 10 years of age and younger must be supervised at all times by a responsible person, 16 years of age or older. NEVER LEAVE ANY CHILD WITH POOR SWIMMING SKILLS OR 10 YEARS OF AGE AND YOUNGER UNACCOMPANIED BY A PARENT OR RESPONSIBLE PERSON, 16 YEARS OF AGE OR OLDER

WARNING OF RISK: Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers can not be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Park District of Highland Park to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

- | | | |
|--|-------------------------|--|
| 1. Heart attack, stroke and circulatory problems | 3. Back and neck injury | 5. Muscle strain and other muscle injuries |
| 2. Bone and joint injuries | 4. Shin splints | 6. Foot problems |

Swimming and other aquatic activities challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and spinal cord injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming and aquatic activities are hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response time, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool or waterslide, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, striking one's head on the bottom, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. In this regard, it must be recognized that it is impossible for the Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided) and with the use of the Park District aquatic facilities and programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity and to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities and programs connected with or associated with this Pass. I agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Park District of Highland Park, including its officials, agents, volunteers and employees. I further recognize and agree that lifeguards and other aquatic staff are not responsible for supervising my activities or the activities of my minor child(ren) and I agree that I am solely responsible for supervising my minor children and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities. I additionally agree to supervise any children ages 10 and under at all times. I further agree to waive and relinquish all claims I, or my minor child/ward may have (or accrue to me or my child/ward) as a result of use of the Park District's aquatic facilities and programs against the Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with use of the Park District of Highland Park's aquatic facilities and programs.

Special Accommodations ADA Information: The Park District of Highland Park 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 reasonable modification(s) to meet your needs. Please indicate on the registration form if you would like information regarding our inclusion programs and/or specifically identifying any need for and request for reasonable modification according to the Americans with Disabilities Act. The Park District of Highland Park provides recreation opportunities for all residents of Highland Park. People with and without disabilities are encouraged and invited to register for all Park District of Highland Park programs of interest. People with disabilities will not be discriminated against in the delivery of Park District of Highland Park programs. To discuss our policies, programs or services or to raise a claim of discrimination on the basis of disability, contact our Executive Director at 847.831.3810.

Residency Policy: Recreation program residency rates apply to everyone who lives within Park District of Highland Park boundaries and pays Park District of Highland Park taxes including: residents of Fort Sheridan (60037); portions of the Town of Fort Sheridan that lie within Park District boundaries (60035); and Park District of Highland Park taxpayers who reside on the following Kings Cove (Deerfield) streets: Carriage Way, Bent Creek Ridge, Fox Hunt Trail, Millstone Road, Shag Bark Lane, Smoke Tree Road and Tanglewood Court. All other Deerfield street addresses and residents of Highwood do not pay Park District of Highland Park taxes and are, therefore, nonresidents of the Park District. Nonresidents pay an additional nonresident fee per program. Nonresident fees are the second fees shown in program descriptions.

Photo & Video Policy: Photos and video footage are periodically taken of participants in the facility, during a special event, or at the District's parks. Please be aware that, by signing this waiver and release you are authorizing the Park District to use these photos and video footage in the District's publications and website without your further permission and without any compensation to you. All photos are property of the Park District. Please call the Communications Office at 847.579.3136 for more information.

I have read and fully understand the important information on this form including warning of risk, assumption of risk and waiver and release of all claims. Registration will not be processed without a signature.

PARTICIPANT'S NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

DATE (MO/DAY/YR)

NOTE: PARTICIPATION WILL BE DENIED if the signature of the participant's parent/legal guardian and date are not on this waiver.