

Program Registration

814 Hart Road, Round Lake, IL 60073
 P: 847.546.8558
 www.roundlakeareaparkdistrict.org



Head of Household

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Email: _____

Gender: M / F DOB: _____ Emergency Contact: _____ Emergency Phone: _____

	Prog #	Program Name	Day/Time	Participants Name	Gender	Age/DOB	Fee
1							
2							
3							
4							
5							
Remember to sign the back waiver						Total \$	

Check here if you need any accommodations in accordance with the Americans with Disabilities Act to effectively participate in any of our programs. If an Inclusion Aide is requested, please contact us prior to the start of the program at registration@rlapd.org or 847.456.8558.

Payment: We accept Visa®, MasterCard®, Discover® and American Express®. Checks also accepted (payable to RLAPD). Insufficient funds fee: \$15 for returned checks.

Email: By providing your email, you give RLAPD permission to send you information on Park District events and programs. RLAPD does not share its email lists.

For Office Use

Cash/Check (# _____)	MC Visa DC AMEX	CVV/CSV # _____	Auth # _____
Staff: _____	Date: _____	Exp: _____	Amount \$ _____ Auto Pay _____

CREDIT CARD PAYMENT INFORMATION:

Please charge to: MC Visa DC AMEX

Card # _____ Exp. ____ / ____ Security code on back _____ Amount \$ _____

Name on card: _____ Signature: _____

Credit card information supplied will be used with current registration form only.

**REGISTRATION WAIVER & RELEASE
IMPORTANT INFORMATION (Please read and sign)**

The Round Lake Area District (RLAPD) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. RLAPD continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/ activities 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 skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises' defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for RLAPD 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 the identified 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 these programs/activities (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against RLAPD, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name: _____

Participant's signature: _____ Date: _____

Parent or Legal Guardian MUST sign if participant is under age 18: _____