

Round Lake Area Park District
2019 SUMMER KICK-OFF DAYS!!

Cover Sheet

Name of Child _____

Date _____

- Activity Fee
- Cover Sheet
- Waiver – General
- Registration Form
- Emergency Information Form
- Emergency Contact Pick-up Form

Please read this form carefully and be aware that, in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

PROGRAM CAMP KICK-OFF DAYS

DATES JUNE 3, 2019 – JUNE 7, 2019

PARTICIPANT'S NAME _____

Important Information

The Round Lake Area Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Round Lake Area Park District 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 the 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/programs 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/program. 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, slipping, falling, 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/programs exist. In this regard, it must be recognized that it is impossible for the Round Lake Area Park District to guarantee absolute safety.

Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, 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 said program/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Round Lake Area Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Round Lake Area Park District, including its officials, agents, volunteers and employees 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 these programs/activities.

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 via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION MUST BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Required if participant is under 18 years of age)

Round Lake Area Park District
2019 SUMMER KICK-OFF DAYS
 REGISTRATION

Child's Name _____

Birthdate _____ Grade in Fall 2019 _____

Daily Fees	Resident	NonResident
6:30 a.m.-6:00 p.m.	\$30 / Day	\$33 / Day

Please check the box for each day your child will be attending:

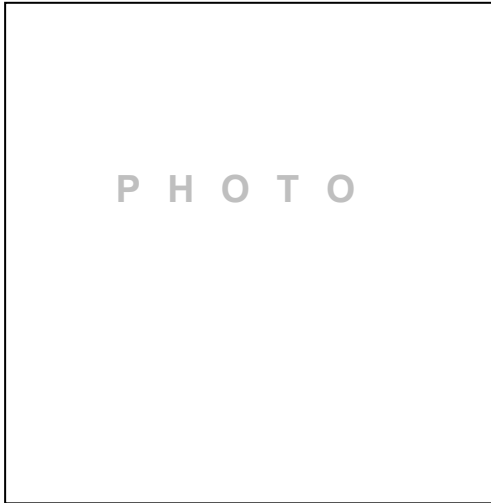
<input type="checkbox"/> June 3	<input type="checkbox"/> June 4	<input type="checkbox"/> June 5	<input type="checkbox"/> June 6	<input type="checkbox"/> June 7
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School Age	Teen
Entering 1 st - 5 th Grade	Entering 6 th - 9 th Grade
<input type="checkbox"/>	<input type="checkbox"/>

- Teens and School Age will be combined.

**ROUND LAKE AREA PARK DISTRICT
REGISTRATION FORM #2 / EMERGENCY CARD**

Please fill out this application completely. Accurate information is necessary so that we may best serve your participant. It is your responsibility to notify us immediately of any changes in employment or residence.



Date _____ Birthdate _____
Participant's Name _____
Home Phone _____
Address _____
City, State, Zip Code _____

PARTICIPANT'S PERSONAL INFORMATION:

Gender: Male Female Height _____ Weight _____
Eye Color _____ Hair Color _____ Swim Ability: swims independently swims a little cannot swim
Any other distinguishing characteristics? (i.e.: birthmarks, scars, etc.) _____

MOTHER'S FULL NAME _____

Home Address _____ Home Phone _____
City, State, Zip Code _____ Cell Phone _____
Mother's Employer _____
Work Address _____ Work Phone _____
City, State, Zip Code _____ E-Mail Address _____

FATHER'S FULL NAME _____

Home Address _____ Home Phone _____
City, State, Zip Code _____ Cell Phone _____
Father's Employer _____
Work Address _____ Work Phone _____
City, State, Zip Code _____ E-Mail Address _____

IN CASE OF EMERGENCY IF PARENT CANNOT BE REACHED:

Name _____ Phone No./Relationship _____ / _____
Address, City, State, Zip Code _____

SECOND PERSON TO CONTACT:

Name _____ Phone No./Relationship _____ / _____
Address, City, State, Zip Code _____

MEDICAL HISTORY:

Allergies List _____
Any Foods Your Participant Cannot Eat? _____
Routine Medications List _____
Surgery/Operations _____ Year _____ Results _____
Date of Last Tetanus _____ Childhood Immunizations Up-to-Date? Yes No
Is Participant Exempted from Any Activities? Yes No If Yes, Please Explain: _____
Injuries/Accidents _____ Year _____ Results _____
Any Additional Information SRSNLC Should Be Aware Of: _____
Family Physician (Name/Address/Phone) _____
Health Insurance _____ Policy Number _____

CONSENT FOR TREATMENT:

This Consent will be valid from _____ until rescinded in writing by the Parent or Guardian. In a medical emergency, I give my parental consent for the Round Lake Area Park District to take my participant _____ to the nearest hospital or medical clinic to receive necessary medical attention if the Round Lake Area Park District is unable to contact the Parent or Guardian.

Signed _____ Relationship _____

**Emergency Contact
Pick-up Form**

Child's Name _____

Classroom _____

Parents' Name: Mother _____ Family's Last Name _____

 Father _____

We give permission that in case of illness, accident or late pick-up and we are unable to pick-up our child, one of the following individuals has permission to do so.

Name	Address	Phone Number	Relationship

Signed: _____ Date _____