

**Lindenhurst Park District
Preschool Registration Form**
2200 E. Grass Lake Rd. Lindenhurst, Illinois 60046
(847) 356-6011 Fax (847) 356-6063 www.lindenhurstparks.org
Please Print

Entered

Parents' Names _____

Home Phone _____ Circle one: Work/Cell Phone _____

Home Address _____ City _____

Zip _____ E-Mail Address _____

Who is your child's current preschool teacher? _____

Who should we contact in case of an emergency? _____ Phone _____

Relationship _____

- Please check this box if you would like someone to contact you regarding special accommodations to participate in this program.

Child's Name _____ Sex _____ Age _____ Birthday _____

	Teacher	Program Days	Time	Fee/Month
First Choice				
Second Choice				
Third Choice				

Tuition Deposit
(used as May payment) _____

+
Registration Fee **\$40**

Total _____

FOR OFFICE USE ONLY:		
Payment Processed:	Date _____	Initials _____

Continued on Reverse.....

WAIVER AND RELEASE OF ALL CLAIMS

IMPORTANT INFORMATION

The Lindenhurst Park District ("District") is committed to conducting its recreation programs in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce risks of injury 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 (collectively, "You") registering for this program / activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities / programs, including hazardous recreational activities. 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, especially in light of the physical requirements related to the particular activity for which You are registering.

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 risk of serious injury (including exposure to a communicable disease) when participating in any recreational activity / program. Understandably, not all hazards and dangers can be foreseen. These risks are increased when You participate in hazardous recreational activities. 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 instruction or officiating, exposure to communicable disease 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 Lindenhurst 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 / vehicle operation, when provided) and exposure to communicable disease.

I, THE UNDERSIGNED, RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THIS PROGRAM / ACTIVITY, THAT THIS ACTIVITY MAY BE CONSIDERED A HAZARDOUS RECREATIONAL ACTIVITY, 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 FULLY AND VOLUNTARILY WAIVE, RELEASE AND RELINQUISH ALL CLAIMS I OR MY MINOR CHILD / WARD MAY HAVE (OR ACCRUE TO ME OR MY CHILD / WARD) RESULTING FROM ANY AND ALL INJURIES, ILLNESSES, DAMAGES, OR LOSS THAT MY MINOR CHILD / WARD OR I MAY SUFFER AS A RESULT OF PARTICIPATING IN THIS PROGRAM / ACTIVITY OR USING DISTRICT PROPERTY AGAINST THE LINDENHURST PARK DISTRICT, INCLUDING ITS OFFICIALS, AGENTS, VOLUNTEERS AND EMPLOYEES (HEREINAFTER COLLECTIVELY REFERRED AS "DISTRICT PARTIES").

Photos are periodically taken in a class, during a special event or at the Districts parks. Please be aware that these photos are for District use only and may be used in the Districts print and Internet publications.

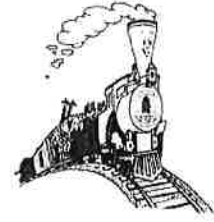
I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line, your signature shall substitute for and have the same legal effect as an original signature.

PLEASE PRINT: Participant's Name _____ Date _____

Participant's Signature (18 years or older or Parent / Guardian): _____

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

Engle Junction Preschool Emergency Contact Form



Child

Name _____

Birth Date _____ Sex _____

Allergies _____

Medical Conditions _____

Medications _____

If your child requires medication dispensed to him/her during school hours, please contact the Recreation Supervisor for a copy of the park district's Medication Dispensing Policy and required paperwork.

Physician's Name _____ Physician's Phone _____

Mother/Father/Guardian (Please Circle)

Name _____

Home Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Employer _____ E-mail _____

Mother/Father/Guardian (Please Circle)

Name _____

Home Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Employer _____ E-mail _____

First Aid/Medical Care Consent & Release

If your child sustains a minor injury, park district staff will administer basic first aid. If the injury requires more than basic first aid, your child will be taken to the nearest hospital for emergency medical care. By signing this form, you are authorizing Lindenhurst Park District staff to provide basic first aid and/or obtain emergency medical care for your child and you agree to pay for all charges related to the medical care provided.

Parent/Guardian's Signature _____ Date _____

Emergency Contacts & People Authorized to Pick-Up Your Child

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Additional Information Regarding Your Child

Parent/Guardian's Signature _____ **Date** _____

Engle Junction Preschool Directory Release

Please fill out this form legibly if you would like to be included in our preschool directory. This form will be copied and handed out to those who wish to be included.

Child's Name _____

Home Address _____

Parent/Guardian Information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email (Optional) _____

If different from above, please fill out.

Name _____

Address _____

Phone Number _____

Email (optional) _____

Yes, I/We do want to be included in the Engle Junction Preschool Directory. I understand that this directory will be provided to students of all preschool classes.

No, I/We do not want to be included in the Engle Junction Preschool Directory or class list. **Note: Child's first name and last initial only will appear on class list.**

For office use only

Teacher _____ Day _____ AM/PM