

Program Registration Form

Inverness Park District • 300 N. Highland Road • Inverness, IL 60067
 Phone: 847.934.6300 • Fax: 847.934.8867 • Email: invernesspark@comcast.net

**Do not use this form to register for TBall or Inverness Park District Summer CampN
 è A separate form is required that can be obtained online at www.invernessparkdistrict.com**

Family Last Name: _____

Email: _____

Payer's Name: _____

(If different than Family last name)

Address: _____

City/Zip: _____

Home Phone: _____

Work/Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

First Name	Sex	Age	Grade	Program Code	Program Title	Fee	Office Use
Total							

For Office Use Only

Questions or comments?

Email us at invernesspark@comcast.net

A.D.A. Statement: The Inverness Park District intends to comply with the intent and spirit of the AmericansWith Disabilities Act. If you need any special accommodations, please call the Park District so that we may make the necessary arrangements for you. Phone: 847.934.6300.

WAIVER & RELEASE OF ALL CLAIMS

PLEASE READTHIS FORM CAREFULLY AND BE AWARETHAT IN SIGNING UP AND PARTICIPATING INTHIS PROGRAM, YOUWILL BEWAIVING AND RELEASING ALL CLAIMS FOR INJURIESYOU MIGHT SUSTAIN OUT OFTHIS PROGRAM.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damage or loss which I may sustain as a result of participating in any and all activities connected with such program."

"I agree to waive and relinquish all claim I may have as a result of participating in the program against the park district and its officers, agents, servants, and employees."

"I do hereby fully release and discharge the park district and its officers, agents, servants, and employees from any and all claims from injuries, including damage or loss which I may or which may accrue to me on account of my participation in the program."

"I further agree to indemnify and hold harmless and defend the park district and its officers, agents, servants, and employees from any and all claims resulting from injuries including damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program."

"In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered."

Refund Policy: All requests for refunds should be submitted for consideration prior to the start of the first class. No refunds after the first class begins. No prorated fees for late enrollment. **Note: \$3 service fee will be deducted from all refunds. For full refund, less \$3 service charge, withdrawal requests must be received at least 24 hours prior to the first day of class

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER & RELEASE ALL CLAIMS.

Signature required of all participants 18 years or older; parent or guardian signature needed for those under 18.

Signature: _____ Date: _____