

Long Grove Park District
 3849 Old Mc Henry Road
 Long Grove, IL 60047
 Office (847) 438-4743
 Fax (847) 719-1645

Parent/Guardian Name: _____ Home Phone: () _____

Address: _____ City _____ Cell Phone: () _____

E-mail address: _____ Emergency Phone: () _____

Alternate emergency contact: _____ Alternate Emergency: () _____

Credit card # _____ MC Visa Discover Exp Date _____ or Check # _____
 (Circle one)

Participant Last & First name	S e x	Child Age	Grade	Class Date	Time	Class Code	Class Name	Fee

Total Program Fees Due \$

The Long Grove Park District is a non-taxing body and relies heavily upon your generous donations.
 Please consider adding a donation today. It is greatly appreciated. \$

Please read this form carefully and be aware, in registering yourself or your minor child/ward for participation in Long Grove Park District/Recreation Committee programs, you are waiving and releasing all claims for injuries you or your minor child/ward might sustain arising of Long Grove Park District/Recreation Committee Program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the Long Grove Park District/Recreation Program and I agree to assume the full risks of any injuries, including death, damaged and loss regardless of the severity which I or my minor child/ward may sustain as a result of participation in any and all activities connected with such programs.

I agree to waive and relinquish all claims; my minor child/ward or I may have as a result of participating in any program, against the Long Grove Park District/Recreation Committee and its officers, agents, servants and employees.

I do hereby fully release and discharge the Long Grove Park District/Long Grove Recreation Committee and its officers, agents, servants and employees from any and all claims from injuries including death, damage and loss sustained by my minor child/ward or me arising out of connected with or any way associated with activities of the program.

I further agree to indemnify and defend the Long Grove Park District/Long Grove Recreation Committee officers to secure from any licensed hospital, physicians and or medical personnel any treatment deemed necessary for immediate care for my minor child/ward or me and agree that I will be responsible for payment of any and all medical services rendered including 911 services.

Cancellation Policy: Long Grove Recreation Committee reserves the right to cancel any programs due to insufficient enrollment. A full refund will be issued in the manner it was originally received.

Refund Policy: Long Grove Recreation Committee will make every attempt to refund your fee if you withdraw seven (7) days prior to the program start date. However, some vendors do require a guaranteed minimum, resulting in a non-refundable fee if (seven) 7 days notice is not received. Once a program has begun, a 10% processing fee will be deducted from the refund. This fee does not include possible vendor charges, which will be passed onto you in the event the vendor bills the Park District for dates attended.

I have read and fully understand the program details, waiver and release for all claims and permission to secure treatment as stated on this form.

Signature of parent/guardian _____ Relationship _____ Date _____