

Huntley Park District
Extended Time Program Registration 2018-2019

CIRCLE SCHOOL/CODE: Marlowe: 506018 Heinemann: 507018
 Chesak: 501018 Conley: 502018 Mackeben: 503018 Martin: 504018 Leggee: 505018

Child's Name: _____ Grade (entering in the fall) _____
Address: _____ **City:** _____ **Zip Code:** _____
Phone: _____ **Date of Birth:** _____ **Male:** _____ **Female:** _____ **Age:** _____

First Parent/Guardian: _____ **Relation:** _____
Address: _____ **City:** _____ **Zip Code:** _____
Primary Phone #: _____ **Cell #:** _____
Primary Email: _____

Second Parent/Guardian: _____ **Relation:** _____
Address: _____ **City:** _____ **Zip Code:** _____
Primary Phone #: _____ **Cell #:** _____

ARE YOU A DISTRICT 158 EMPLOYEE? YES NO **If you check yes, you must provide proof of employment.**

A photo ID is required each day at pick up. Only persons listed above and below will be allowed to pick up your child.

Alternate pick-up person _____ **Phone #** _____
Alternate pick-up person _____ **Phone #** _____

- ➔ **Medical Allergies, Illness or other Conditions:** _____
- ➔ **Does your child need to take medication during the program?** _____ If so, please complete a *Permission to Dispense Medication Form and Waiver*.
- ➔ **Does your child have a serve food allergy or have a prescribed EpiPen?** _____ If so, please complete a *Food Allergy Action Plan*.
- ➔ **Does your child have Asthma and use medication for control/relief?** _____ If so, please complete an *Asthma Action Plan*.

The Huntley Park District welcomes individuals with disabilities into the program. Please describe any accommodation needed for successful inclusion into the program. _____

My Child will attend (check): 3 days per week 4 days per week 5 days per week Punch Pass

Circle all days needed: M T W TH F

Circle program needed: AM only (k-5 only) PM only Both (K-5th only) Extended Plus: 6:00-6:30pm

REGISTRATION AND 1ST INSTALLMENT FEES ARE DUE AT TIME OF REGISTRATION. REMAINING INSTALLMENT FEES ARE PLACED ONTO ACCOUNTS ON THE 15TH OF EACH MONTH PRIOR AND ARE DUE BY THE 25TH. FUNDS WILL BE WITHDRAWN ON THE 15TH FOR THOSE FAMILIES ENROLLED IN AUTOMATIC WITHDRAWAL. UNPAID BALANCES ARE SUBJECT TO LATE FEES.

IMPORTANT INFORMATION

In the event of an emergency, I authorize the Huntley Park District to secure any/all necessary medical attention from any accredited hospital and/or ward and further agree that I will be responsible for any and all medical services rendered. I have read and fully understand the Important Information, Waiver of Release of All Claims & Assumption of Risk. I further understand that my signature is required below in order to participate in Huntley Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the Parent Handbook.

I understand that my child's picture may be taken for camp projects, Park District website, publications and marketing. **(Initial)** _____
I have received the ET Parent Handbook. **(Initial)** _____

SIGNATURE OF PARENT/GUARDIAN

DATE

REGISTRATION FEE (NON-REFUNDABLE) _____ MONTHLY FEE: _____ START DATE: _____

REGISTRATION/BROCHURE WAIVER & RELEASE

IMPORTANT INFORMATION

The Huntley 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 Huntley Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the 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, slip 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 the (District/SRA) 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 programs listed below, 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 (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 I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Huntley Park District 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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name

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

Date _____

PARTICIPATION WILL BE DENIED

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