

Huntley Park District Registration Form

12015 Mill Street • Huntley, IL 60142 • (847) 669-3180 • Fax (847) 669-2836

Primary Information

PLEASE PRINT.

Please inform us if any information needs to be updated in our system.

First and Last Name _____

VISA MasterCard

Address _____

Exp. Date _____

City _____ Zip _____

Credit Card # _____

Home Phone _____ Amount of Payment _____

Work Phone _____ Authorized Signature _____

Emerg Phone _____ Date of Birth _____

Cell Phone _____ Email Address _____

Allergies, Illness, Medical Conditions: _____

Please indicate any special needs that require accommodation: _____

Participant Information

FIRST NAME OF PARTICIPANT Last name, if different from above	GRADE	BIRTHDATE Month / Date / Year	GENDER	PROGRAM	PROGRAM #	FEE
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F			
Shirt size for sports registration: YOUTH <input type="checkbox"/> S (6-8) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) ADULT <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL						TOTAL
I would like to coach <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____						

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, Warning of Risk, Waiver and Release of All Claims & Assumption of Risk located on the back side of this form. I further understand that my signature is required below in order to participate in Huntley Park District programs.

SIGNATURE OF PARENT/GUARDIAN OR PARTICIPANT IF OVER 18 Y/O

DATE

REGISTRATION 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 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.