

# Program Registration Form

Vernon Township  
3050 N. Main Street  
Buffalo Grove, IL 60089

Recreation Phone: (847) 634-1542

## 1 Family Information

Family Last Name:	Address:	
City, State:	Zip Code:	
Home Phone: (    )	Cell Phone: (    )	Work Phone: (    )
Alternate Contact and Phone Number:		
Name of Father and Work Number:		
Name of Mother and Work Number:		

## 2 Registration

First and Last Name	Sex	Birth Date	Age	Program Name	Date of Program and Session	Time of Program	Fee
							\$
							\$
							\$
							\$
							\$

Please describe any special accommodations needed for the enjoyment of this program:

Under the Americans with Disabilities Act, if you need any accommodations to participate in this activity, please check this box:

## 3 Payment

Forms of payment include cash or checks payable to: Vernon Township Park Fund

Amount of Payment: \$  Check #  Cash

Mail or drop off registration and payment to:

Vernon Township, 3050 N. Main St., Buffalo Grove, IL 60089

There is a \$30 surcharge on all N.S.F. checks.

## 4 Waiver

### VERNON TOWNSHIP RECREATIONAL PROGRAM WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Vernon Township programs you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participate in the above program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of the severity which I or my child/ward may sustain as a result of participating in any activities connected to or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Township and its officers, agents, servants, and employees from any and all claims as a result of participating in any of the above program(s). I hereby fully release and discharge the Township and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Township and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward and arising out, connected with, or in any way associated with the activities of any of the program(s).

I have read and fully understand the above programs details and waiver and release Vernon Township of all claims.

Signature of Participant or Parent/Guardian (if participant is under 18):	Date:
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### NOTE:

Participants will only be notified of class changes or cancellations.

Please fill out this form completely. Incomplete or inaccurate information will delay your registration.