

Drop & Shop at Kidzone Punch Pass Registration

Revised 8/12/15

This child care is for parents who are leaving the Park District grounds only. Each punch is equivalent to \$9.00 for 1 hour. Punches expire 1 year from date of purchase. All punches are used up on hourly increments only, ex. 1 hour & 5 minutes = 2 punches. No refunds on unused punches. We reserve the right to limit the # of children so it is possible that we might be unable to accommodate your child on any date. First come, first served will apply.

Family Last Name _____
Address _____
City _____
Mother's First Name _____

Home Phone _____
Zip _____

Access Card # _____

Note: If the Access Card is not returned, there will be a \$10 Service Charge.

Circle # of punches/ complete that line only	Child's First Name	Gender	Date of Birth M/D/Y	Fee
10 punches				\$90
20 punches				\$180

INSURANCE LIABILITY WAIVER The Lake Bluff Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Lake Bluff Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety. Please recognize that the Lake Bluff Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake Bluff Park District automatically responsible for payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District **REQUIRES** the execution of the following Waiver and Release. Your cooperation is greatly appreciated. Please read this form carefully and be aware in participating in the program(s) listed above, you will be waiving and **releasing all claims for injuries you might sustain arising out of the activities of this program.**

WAIVER AND RELEASE OF ALL CLAIMS 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 death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program (including transportation services and vehicle operations, when provided). I agree to waive and relinquish all claims I may have as a result of participating in the program against the District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

PERMISSION TO SECURE TREATMENT In the event of 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 I agree that I will be responsible for payment of any and all medical services required. I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment. (Note: Please sign in an appropriate space below).

I have carefully read the insurance liability waiver on this page, and I understand that my signature is required below in order to participate in Lake Bluff Park District Programs.

Signature _____ **Date** _____

Payment Options

Credit

MasterCard _____	Visa _____
Card # _____	
Exp. date _____	
Total payment _____	
Signature _____	

Cash

Amount Received

Check

**Make check payable to
 Lake Bluff Park
 District**