



# ARC Registration Form 2017-2018

Fax: 847-234-7275

ARC Options	
Full Day: After School until 6:00 pm	Half Day: After School until 4:30 pm
Five Days: \$300	Five Days: \$203
Three Days: \$199	Three Days: \$139
Two Days: \$156	Two Days: \$107

*All options cover a 20 school day period*

## Specify Days: M Tu W Th F (Circle)

Child's Last Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Mother's Name (if residing in household) \_\_\_\_\_ Father's Name (if residing in household) \_\_\_\_\_  
 Mother's Daytime Phone \_\_\_\_\_ Father's Daytime Phone \_\_\_\_\_  
 Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Participant's First Name	Sex: M or F	DOB	Grade in 9/2017	Fee

**Payment Method:**  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_ Make payable to Lake Bluff Park District  
 Charge Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Total Payment \$ \_\_\_\_\_  
 Signature \_\_\_\_\_

**Special Needs:** Please indicate if there is any medical information (asthma, diabetes, etc.) or food allergies that the staff should be aware of.  
 \_\_\_\_\_

Do you need any reasonable accommodations according to the ADA to fully participate in the activities of this program?  
 \_\_\_\_\_

**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 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 (or as a parent/guardian of a participant under the age of 18) in the Lake Bluff Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume 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 Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, or losses sustained by me or arising out of, connection with, or in any way associated with the activities of the program.

**PERMISSION TO SECURE TREATMENT** In the event of emergency, I authorize Park 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 the appropriate space below).

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_