



Village of Fox Lake Parks and Recreation Department
2018 Fall/Winter Sports Registration Form

Parent/Guardian Name: _____ Phone: _____
 Address: _____ Email: _____
 City/Zip: _____ Circle One: Resident / Nonresident
 Emergency Contact: _____ Relationship: _____
 Emergency Contact Phone: _____

* CREDIT CARD PAYMENTS CAN ONLY BE MADE IN PERSON FOR SECURITY PURPOSES.
 The Village of Fox Lake accepts Visa, MasterCard, and Discover.

Participants Name (First & Last)	Age	Program/Session Date & Time	Fee

Important Information

The Fox Lake Department of Parks & Recreation is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of 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 Fox Lake Department of Parks & Recreation continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

Please recognize that the Fox Lake Department of Parks & Recreation 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 Fox Lake Department of Parks & Recreation automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Department requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child(ren) for participation in the above program, you will be waiving and releasing all claims for injuries you and your minor child(ren) might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, damages or loss regardless of severity which my minor child(ren) or I may sustain as a result of participating in and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims my minor child(ren) or I may have as a result of participating in the program against the Department and its officers, agents, servants and employees.

I do hereby fully release and discharge the Department and its officers, agents, servants and employees from any and all claims from injuries, damage or loss, which I or my minor child(ren) may have which may accrue to me or my minor child(ren) and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities or the program.

In the event of any emergency, I authorize Department officials to secure from any licensed hospital, physician and or medical personnel any treatment deemed necessary for me or my minor child(ren)s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver release of all claims.

Signature: _____

Pre-registration is required due to the size of the programs. 6 child minimum enrollment per class required or program will be cancelled. Please complete registration form and return with payment to the Village of Fox Lake / Parks and Recreation Department / 66 Thillen Drive / Fox Lake, IL 60020. Any questions please contact us at 847-587-2151 / fax: 847-587-2237.

Registration is not complete without signed waiver.

Office Use: Date _____ amount pd. _____ SEQ# _____ Initials _____