



BUFFALO GROVE PARK DISTRICT YOUTH SPORTS REGISTRATON

Office Use Only – 2017/2018

Class Number: 261236-02 5th Boys

PLEASE PRINT

Child's First Name: _____ Last Name: _____

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Grade: _____ Date of Birth: _____

Parent Name: _____ Parent Name: _____

Parent Work #: _____ Parent Work #: _____

Parent Email: _____ Parent Email: _____

In the event of an emergency/illness please contact:

Name: _____ Relationship: _____

Home Phone: _____ Alt Phone: _____

Medical Information:

Physician: _____ Phone: _____

Please list medical allergies; illness or other conditions that you feel may be important in the event of a medical emergency (i.e. diabetic coma, epilepsy, high blood pressure, allergies, inhaler usage).

////////////////////////////////////
WAIVER AND RELEASE OF ALL CLAIMS
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Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage 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 these program(s). 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, 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). Photo Disclaimer: Registrants and participants of program(s) and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward. I have read and fully understand the program(s) details and waive and release of all claims.

TOTAL PAYMENT: \$570.00 () CHECK #: _____ () CASH

AMEX/VISA/MC/DISCOVER #: _____ Exp. Date: _____

Signature (Waiver & Payment): _____ Date: _____
(Parent/Guardian)