## HAMPSHIRE TOWNSHIP PARK DISTRICT Little People Playtime 441 East Jefferson Avenue, Hampshire, IL 60140 • FAX 847-683-4256

| Primary Guardian  |                |                      |     | Second               | ary Guardian          |             |           |     |  |
|---|----------------|----------------------|-----|----------------------|-----------------------|-------------|-----------|-----|--|
| First Last  |                |                      |     | First Last           |                       |             |           |     |  |
| Address   |                | PO Bo                | х   | Address              |                       |             | PO Box    |     |  |
| City  | State          | Zip                  |     | City                 |                       | State       | Zip       |     |  |
| Home Phone  |                |                      |     | Home F               | hone                  |             |           |     |  |
| Work Phone Extension  |                |                      |     | Work Phone Extension |                       |             |           |     |  |
| Cell Phone  |                |                      |     | Cell Phone           |                       |             |           |     |  |
| Additional Information  |                |                      |     |                      |                       |             |           |     |  |
| ☐ Hampshire Township Resident ☐ Non-Resident ☐ Preschool (Ashley Freer) ☐ Day Care (Contact Chris Rutkowski)  Email Address (please make sure this is up to date as the vast amount of our communication is relayed through email):   |                |                      |     |                      |                       |             |           |     |  |
| mergency Contact Relatio  |                |                      | on  | Phone                |                       |             |           |     |  |
| Sign the Waiver Please read the Waiver and Release on the reverse side of this form. I have read and fully understand the important warning of risk, assumption of risk and waiver and release of all claims on the reverse side of this form.  Signature (guardian's signature required if participant is under 18)  Date  |                |                      |     |                      |                       |             |           |     |  |
| Participant (include last name if diff  | erent)         | Birth D              | ate | Age                  | Activity #            | Activity    | y Name    | Fee |  |
| 1)  |                |                      |     |                      | J                     | -           |           |     |  |
| 2 <sup>nd</sup> choice:   |                |                      |     |                      |                       |             |           |     |  |
| 2)  |                |                      |     |                      |                       |             |           |     |  |
| 2 <sup>nd</sup> choice:   |                |                      |     |                      |                       |             |           |     |  |
| ☐ I would like to make a donation to t<br>Circle donation amount and add to I   | •              | e Townsh<br>\$5 \$10 | •   | • •                  | und Fund<br>amount \$ | l           | Fee Total | L   |  |
| Please describe any accommodations needed to have a successful inclusion in to the programs:  |                |                      |     |                      |                       |             |           |     |  |
| List any medical conditions:  |                |                      |     |                      |                       |             |           |     |  |
| Needed to register for Little People Playtime Preschool/ Day Care  Non-refundable family registration fee \$125.00  Copy of child's birth certificate  Current medical record (no more than 6 months prior to start of classes) using the state of Illinois Certificate of Health Examination form. Immunizations must include TB test and lead assessments and physician's signature.  Completed Park District registration forms & signed waiver  DCFS forms found on hampshireparkdistrict.org |                |                      |     |                      |                       |             |           |     |  |
| Payment Options   | ount \$        |                      |     | Check #              |                       | / Amount \$ |           |     |  |
| MasterCard/VISA/Discover         Amount           Card #  | nt of Charge S | \$                   |     |                      | Expiration Da         | te          | V-Code    |     |  |

## REGISTRATION FORM Waiver & Release

The Hampshire Township Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hampshire Township Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## Warning of Risk

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Hampshire Township Park District to guarantee absolute safety.

## Waiver and Release of all Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Hampshire Township Park District including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

| Participant's Name (prir | nt):                                   |
|--------------------------|--|
| Date:                    |  |
| Participant's Signature: | (18 years or older or Parent/Guardian) |

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.