

Registration Form

Family Information	
First Name _____	Last Name _____
Address _____	City _____ Zip _____
Home Phone Number (_____) _____	Cell Phone Number (_____) _____
Emergency Phone Number (_____) _____	Emergency Name/Relationship _____
E-Mail Address _____	
Does the participant require any assistance or special accommodation to effectively participate and/or enjoy the program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you checked yes, a member of our staff will contact you to make the necessary arrangements.	
Please check if you do NOT want to receive future information about Lincolnwood programs or events. <input type="checkbox"/>	

Program Registration							
Program Number	Program Name	Participant's First Name	Sex	Birthdate	Age	Current Grade	Fee

Payment Information	
<input type="checkbox"/> Check # _____ (Please make checks payable to Village of Lincolnwood)	
<input type="checkbox"/> Cash	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Expiration Date: _____ Credit Card # _____
Print Name: _____	Signature: _____
<small>(As it appears on card)</small>	
NOTE: Only registrations paid by credit card are accepted by FAX. When registering by FAX, it is mutually understood that the facsimile registration documents (including the waiver and release of all claims) shall substitute for and have the same legal effects as the original form.	

Sign the Registration Waiver	
WAIVER OF LIABILITY / HOLD HARMLESS AGREEMENT – ADULT AND/OR MINOR	
Please read this form carefully and be aware in signing up and registering yourself and/or your minor child/ward for participation in the above described Activity and any activities associated therewith you will be waiving your rights to all claims for injuries you might sustain arising out of this Activity; and you will be indemnifying, holding harmless and defending the Village of Lincolnwood for any claims arising out of the participation of your minor child/ward in the Activity.	
In consideration of myself and/or my minor child/ward under 18 years of age being allowed to participate in the Activity, I recognize and acknowledge that there are certain risks of physical injury associated with the Activity. I agree to assume the full risk of injuries that I or my minor child/ward may sustain, as a result of participating in the Activity and all activities connected or associated therewith. I agree to indemnify, hold harmless and defend the Village of Lincolnwood for any and all claims injuries, damage or loss on behalf of myself and/or my minor child/ward may have against the Village of Lincolnwood as a result of my participation and/or my minor child/ward's participation in the Activity.	
The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.	
<input type="checkbox"/> I have read and fully understand the above Waiver and Release of all claims.	
Name(s) of Minor _____	
Printed Name of Parent/Legal Guardian/Adult Participant _____	
Signature of Parent/Legal Guardian/Adult Participant _____	Date _____

OFFICE USE ONLY	Processed by: _____	Date _____	Amount \$ _____
------------------------	---------------------	------------	-----------------

Lincolnwood Parks & Recreation

6900 N. Lincoln Avenue, Lincolnwood, IL 60712 Phone (847) 677-9740 Fax (847) 673-4413

Visit our website at www.recreation.lwd.org