



# Circle of Friends Registration Form

Please fill out this form carefully. Incomplete or inaccurate information will delay your registration.

School Year \_\_\_\_\_

- Resident  
 Nonresident

Household Last Name:	Primary Parent/Guardian Name:	<input type="checkbox"/> Cell Phone # (    )
Address:	Primary Parent Email:	<input type="checkbox"/> Work Phone # (    )
City, Zip:	Secondary Parent/Guardian Name:	<input type="checkbox"/> Cell Phone # (    )
Local Emergency Contact Name/Phone #	Secondary Parent Email:	<input type="checkbox"/> Work Phone # (    )

Care is available three, four, or five days per week. If you register for less than five days, the days must remain consistent.  
**PLEASE CHECK DAYS YOUR CHILD(REN) NEEDS CARE**       M     TU     W     TH     F

Child's Name	Grade	Sex	Birthdate	Program Number	Registration Fee	Monthly Fee
		<input type="checkbox"/> M <input type="checkbox"/> F		<b>AM CARE</b> <input type="checkbox"/> 51229-LB <i>Liberty Elementary</i>	<input type="checkbox"/> 51231-00	
		<input type="checkbox"/> M <input type="checkbox"/> F		<b>PM CARE</b> <input type="checkbox"/> 51230-AL <i>Algonquin Lakes</i> <input type="checkbox"/> 51230-DH <i>Dundee Highlands</i>	<input type="checkbox"/> 51231-00	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> 51230-EV <i>Eastview</i> <input type="checkbox"/> 51230-LH <i>Lake in the Hills</i> <input type="checkbox"/> 51230-LB <i>Liberty</i>	<input type="checkbox"/> 51231-00	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> 51230-NE <i>Neubert</i> <input type="checkbox"/> 51230-SH <i>Sleepy Hollow</i> <input type="checkbox"/> 51230-WE <i>Westfield</i>	<input type="checkbox"/> 51231-00	

The first month's fee plus a \$40 nonrefundable yearly registration fee per child are required upon registration. Future payments will be electronically withdrawn on the first business day of the month.

Registration Fees + 1st Monthly Fees
Total Fees Due:

- 5% Paid in Full Discount     10% Sibling Discount

**ADA COMPLIANCE:** Do you require special accessibility or accommodations for your participation in this program?  Yes

**PAYMENT:** I have completed the attached Automatic Credit/Debit Authorization Form.  Yes

Yes, I have read and signed waiver on page two of this form.

<b>RETURN FORM TO THE PARK DISTRICT</b>	<b>Mail In, Drop Off, or Fax:</b>		 <b>www.dtpd.org</b>
	Rakow Center 665 Barrington Ave., Carpentersville, IL 60110 <b>FAX: (847) 836-2380</b>	Randall Oaks Recreation Center 500 N. Randall Rd., West Dundee, IL 60118 <b>FAX: (847) 428-4880</b>	

1. Does your child have any allergies and/or dietary restrictions?  Yes  No

If yes: \_\_\_\_\_

2. In addition to Primary and Secondary Parent, who else is authorized to pick up your child? (Do not re-list parents.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact #: \_\_\_\_\_

3. Anyone legally restricted from picking up your child?  Yes  No

If so, who: \_\_\_\_\_

4. Is there any additional information that would help us understand how to best care for your child?

\_\_\_\_\_

## DUNDEE TOWNSHIP PARK DISTRICT WAIVER & RELEASE

**IMPORTANT INFORMATION** The Dundee 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 Dundee 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 Dundee Township Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION 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 Dundee Township Park District, including its officials, agents, volunteers and employees.

**PHOTO POLICY** Registrants and participants of programs and special events permit the Park District to take photos and videos of themselves and their children for publication in the seasonal 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 children.

**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.**

PLEASE PRINT Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(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.**