



### CLUB REC REGISTRATION FORM 2018-19

**OFFICE USE ONLY**

Deposit Date:  
Received by:  
Enrollment Date:  
Enrolled by:

A separate, original form must be completed for each participant.

This registration form is for: \_\_\_\_ 1<sup>st</sup> child, \_\_\_\_ 2<sup>nd</sup> child, \_\_\_\_ 3<sup>rd</sup> child. Registration confirmation will be sent out via e-mail.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ Age: \_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Primary Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternative #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Primary Email: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Primary Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternative #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Primary Email: \_\_\_\_\_

***A photo ID is required each day at pick up. Only persons listed above or below will be allowed to pick up.***

Alternative Pick-Up Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Alternative Pick-Up Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Alternative Pick-Up Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### CLUB REC REGISTRATION OPTIONS

(AM and PM Club REC is held at the school your child attends)

\_\_\_\_ 5 Day AM                              \_\_\_\_ 3 Days AM (circle days) M T W R F  
\_\_\_\_ 5 Day PM                                \_\_\_\_ 3 Days PM (circle days) M T W R F  
\_\_\_\_ 5 Day BOTH AM & PM                \_\_\_\_ 3 Days BOTH AM & PM (circle days) M T W R F

Will you be requesting scholarship assistance? Yes \_\_\_\_ No \_\_\_\_      Will you be receiving outside financial aid? Yes \_\_\_\_ No \_\_\_\_

A \$25.00 non-refundable (per child) registration fee must be attached in order to process this registration. Payments will begin August 8, 2018 and will end on May 8, 2018. No payments will be charged for the weeks of Thanksgiving, winter break, and spring break. Fees can either be paid weekly (36 payments), monthly (9 payments), or in full. We offer a 10% discount for each additional child.

**Please circle which school your child attends:**  
Hammerschmidt      Madison      Manor Hill      Park View      Pleasant Lane

# CLUB REC REGISTRATION FORM 2018-19

Does your child have any food allergies? Yes \_\_\_ No \_\_\_

Is your child on any medication? Yes \_\_\_ No \_\_\_

Does your child need to take medication during the program? Yes \_\_\_ No \_\_\_

Does your child have any allergies to medication? Yes \_\_\_ No \_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

The Lombard Park District welcomes individuals with disabilities into the program. Please describe any accommodation needed for successful inclusion into the program. \_\_\_\_\_

\*If you answered yes to any of the above questions, please fill out additional registration forms.\*

The parents/guardians whose signature is on the child's registration form will be the only persons allowed to make changes regarding days of attendance, add/remove any information or receive account information. Only the parents/guardians listed on the registration form and those authorized under emergency contacts will have access to the child/ren while in the care of the Lombard Park District Club REC program.

**Guardian Authorization:** The above named child has permission to engage in all program trips and activities. I understand that in case of an emergency, every effort will be made to contact me. I hereby authorize program staff to administer appropriate first aid and to have my child transported to nearest hospital to secure the necessary medical treatment. Siblings will remain at site.

**Photos/Videos:** Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publications and use as the Park District deems necessary.

**Warning of Risk:** Recreation activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, condition and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Lombard Park District to guarantee absolute safety.

**Waiver & Release of all Claims and Assumption of Risk:** Please read this form carefully and be aware that in signing up and participating in the program listed, 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 these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 may have (or accrue to me or my child/ward) as result of participating in these programs against the Lombard 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.

**Guardian's Signature:** \_\_\_\_\_ **Guardian's Signature:** \_\_\_\_\_

Information pertaining to this registration and any/all changes will be made available only to the person(s) whose signatures appear above on this form

(ex: account statements/any and all account information).

## AUTOMATIC PAYMENT AUTHORIZATION FORM

Please circle type of card: VISA MASTERCARD DISCOVER CARD

Name of Cardholder: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Card Number: \_\_\_\_\_ EXP Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

I give Lombard Park District authorization to debit WEEKLY, MONTHLY or ONE TIME payment(s). (Please circle)

Authorized Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*All late pick up and NSF will be debited to this account.\*

# AUTOMATIC PAYMENT CONTRACT CLUB REC FALL 2018-19

The Lombard Park District is offering the convenience of an automatic scheduled payment contract at no additional cost to you. Simply fill out the information below and return it with your completed Fall Registration. Families that choose the option of enrolling in our auto payment program will receive an e-mailed invoice for your personal records.

It is your responsibility to keep us current regarding all the information on this form. All declined charges will incur a \$25.00 service fee. (Example: expired expiration dates, lost or stolen cards, reissued cards, etc.) The \$25.00 service fee will not be waived.

1<sup>st</sup> child: \_\_\_\_\_ School: \_\_\_\_\_  
2<sup>nd</sup> child: \_\_\_\_\_ School: \_\_\_\_\_  
3<sup>rd</sup> child: \_\_\_\_\_ School: \_\_\_\_\_

**The account listed below will be debited beginning August 8, 2018 thru May 8, 2019.**

_____ Amount to be paid in full	Amount: _____
_____ Amount stated on email invoices ( <i>weekly-36 payments</i> )	Amount: _____
_____ Amount to be paid in full ( <i>Monthly-9 payments</i> )	Amount: _____
_____ Amount to be paid in full ( <i>\$25.00 per child</i> )	Amount: _____

**Please Note:** All late pick-up fees and NSF fees will automatically be debited from this account.

**I give the Lombard Park District authorization to debit my:**

*Please circle type of card:*    Visa    Master Card    Discover Card

\_\_\_\_\_  
Last 4 Digits of Card on File

\_\_\_\_\_  
Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Guardian's Name