

Program Application



In order to better serve participants, **PLEASE CHECK THIS BOX** to inform us of any special needs, accommodations, severe reactions/allergies, or medical conditions that may impact the participant's enjoyment in the programs. We will then call to discuss appropriate and further actions after your registration is completed.

PLEASE PRINT ALL INFORMATION ONE PERSON/CLASS PER LINE. Unless otherwise notified, participants are enrolled when Rec Dept receipt is issued and received. If you do not receive a receipt, please call the Rec Dept.

	6-Digit Code	Code Letter/s	Day	Activity Name	Registrant's Name	Grade in fall	M/F	Birthdate (Mo/D/Yr)	Fee
ONE								/ /	
	2ND CHOICE								
TWO								/ /	
	2ND CHOICE								
THREE								/ /	
	2ND CHOICE								
FOUR								/ /	
	2ND CHOICE								

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this carefully and be aware that by registering for and participating in programs or by registering your minor child/ward for participation in programs you will be waiving your rights and/or the right of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of programs and you will be required to indemnify, hold harmless and defend the Village of Western Springs for any claims arising out of participation in Recreation Department programs.

RISK OF INJURY: "As a participant in the programs, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with Recreation Department programs."

WAIVER OF INJURY CLAIMS: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the programs."

RELEASE FROM LIABILITY: "I do hereby fully release and discharge the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the programs.:"

INDEMNIFY AND DEFENSE: "I further agree to indemnify, hold harmless and defend the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward and

TOTAL ENCLOSED \$

arising out of, connected with, or in any way associated with the activities of the programs."

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation.

Check here if any information has changed. **NOTE:** All receipts sent via email. Please print legibly.

**PLEASE PRINT!
You MUST SIGN
Waiver
for
application
to be
processed**

Payer's Name _____ E-mail _____

PLEASE PRINT

Signature _____ Date _____

Address _____

City/Zip _____ School _____

Home Ph _____ Emergency Ph _____

PAYMENT METHOD:

Check Cash   

Card # _____ Exp. Date _____

Name as it appears on credit card _____