

VILLAGE OF WINTHROP HARBOR, ILLINOIS

PARKS AND RECREATION DEPARTMENT

ACTIVITY REGISTRATION FORM

This form is provided for those who will be registering in person. Some programs may have on-line registration available, please inquire with the Parks & Recreation Department or visit www.winthropharbor.com for details. In person registrations may be made at Village Hall, 830 Sheridan Road, on Mondays through Fridays, 8am-4pm. **Registrations are not complete until full payment of program fees has been received.** Please refer to the Program Information sheets for details on the program you wish to register for, including registration and payment options. Contact us at (847) 746-3505 with any questions and we will be happy to assist.

Date: ___/___/___

Activity Type: Baseball/Softball Basketball Volleyball Soccer Other: _____

Parent / Guardian Name: _____ E-mail: _____

Address: _____ Apartment/Unit # _____

City: _____ State: _____ Zip code: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Work Phone: (____) ____-____

Emergency Contact Name: _____ Phone: (____) ____-____

Participant's Name	Age	Grade	Sex	Birth Date	Shirt Size*	Shorts Size*	Activity Name	Fee

* When applicable. Choices are Youth SM, M, L - or Adult S, M, L, XL, XXL

Medical or Physical Concerns:

If there are any medical or physical concerns for one or more of the participants being registered, please define those concerns below, being sure to indicate which participant each concern pertains to.

Notice Regarding Insurance:

There is no accident coverage provided with these programs. Therefore it is required that you agree to one of the following statements in order for you or those being registering to participate. Please write your initials beside the statement which pertains to you.

_____ I currently have health insurance coverage on all participants being registered.

_____ I currently do not have health insurance coverage, but I assume full responsibility.

Liability Waiver:

A Participant Liability Waiver and Hold Harmless Agreement must be agreed to in order for those being registered to participate. Please read, sign and date the document on the reverse side of this form.

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this document carefully and be aware that by registering for and participating in any Winthrop Harbor recreation program(s), or by registering your minor child/ward for participation in such program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of such program(s), and you will be required to indemnify, hold harmless and defend the Winthrop Harbor Park and Recreation Department and the Village of Winthrop Harbor for any claims arising out of participation in said program(s).

RISK OF INJURY: “As a participant in the program, 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 the program.”

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 program.”

RELEASE FROM LIABILITY: “I do hereby fully release and discharge the Winthrop Harbor Parks and Recreation Department and the Village of Winthrop Harbor 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 which may occur on account of participation in this program.”

INDEMNITY AND DEFENSE: “I further agree to indemnify, hold harmless and defend the Winthrop Harbor Parks and Recreation Department and the Village of Winthrop Harbor 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 arising out of, connected with, or in any way associated with the activities of the program.”

EMERGENCY MEDICAL CARE: “In the event of any emergency, I authorize the Winthrop Harbor Parks and Recreation Department to secure from any licensed hospital, physical, 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.”

AGREEMENT

I have read and fully understand and agree to this **Participant Liability Waiver and Hold Harmless Agreement**. I indicate this agreement with my signature and date below.

Parent/Guardian Signature _____ Date Signed ____/____/____