

# Village of Lake Zurich Park and Recreation Department Registration Form

PLEASE FILL OUT THIS FORM COMPLETELY AND MAIL OR FAX IT TO: Village of Lake Zurich  
Park and Recreation Department, 200 South Rand Road, Lake Zurich, IL 60047, FAX: 847-380-5471



## Family Information

☐ Resident

☐ Non-Resident

**Please print.** Fill out the information below for your entire family; then list each participant separately in the Registration Information section. Proof of residency may be required.

Family (or primary guardian) Last Name Father or Guardian First Name Mother or Guardian First Name

Address City State Zip

Home Phone Cell Phone (State Whose Number) Work Phone (State Whose Number)

E-mail Address

Alternate Name Phone Relationship

**■ In case of an emergency, an attempt will be made to contact a parent/guardian at home, at work and via cell phone. If a parent/guardian cannot be reached, the Park Department will contact the alternate name listed above.**

Does a participant in your family require Americans with Disabilities (ADA) assistance or a one-on-one aid? ☐ Yes ☐ No  
If yes, please request an additional form at the Park Department Office. (Good for this registration only.)

## Family Member Registration Information

Please list your first and second choice options for each class (if more than one section, date, or time is available).

Program #	Program Name	Participant's First Name	Participant's Last Name	Birth Date mo/day/yr	Fall 2023 Grade	Gender	R/NR Fee

**Day Camp Shirt Size:** Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐

## Payment Information

**Total Fee** Payment Method: **Check One:**

☐ Visa ☐ MasterCard ☐ Cash ☐ Check (#: \_\_\_\_\_)

Checks should be made payable to the Village of Lake Zurich.

### Village of Lake Zurich - WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and/or your minor child for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the Village of Lake Zurich and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and/or losses sustained by me or by my child/ward, arising out, connected with, or in any way associated with the activities of any of the program(s). **I HAVE READ, FULLY UNDERSTAND AND ACCEPT THE CONDITIONS AS DESCRIBED ABOVE.**

MasterCard / Visa		
Number		
Expiration	CVV	Amount of Charge \$
Cardholder Name		
Authorized Signature		

Signature of Parent/Guardian/Participant

Date

**■ This waiver must be signed by adults 18 years old and older.**

**Photo Release** Photos and videos are periodically taken of people participating in Village of Lake Zurich Park and Recreation Department programs and activities. All persons registering for Park Department programs/activities or using Park Department property thereby agree that any photograph or videotape taken by the Park Department may be used by the Park Department for promotional purposes including in its electronic media, videotapes, brochures, flyers and other publications without additional prior notice or permission and without compensation to the participant.