



CRYSTAL LAKE PARK DISTRICT  
An IAPD IPRA Distinguished Agency

# REGISTER NOW

1 E. Crystal Lake Avenue - Crystal Lake - IL - 60014 - 815-459-0680 - [crystallakeparks.org](http://crystallakeparks.org)

## Complete Information Below for the Head of Household -Please Print

Last Name		Birthdate	
First Name		Cell Phone ( )	
Address		Home Phone ( )	
City /State		Zip	I would like to receive the Park District E-Newsletter ___Yes ___No
EMAIL ADDRESS:			
Please indicate any special accommodations needed:			

## Complete Information Below for Each Participant and Activity -Please Print

Activity Code #	Description	Last Name	First Name	Gender M-F	Birthdate	Fee
Check / Cash / Credit Card			Total Payment Received:			

EXTENDED TIME REGISTRATION	SCHOOL: _____ START DATE: _____ 3 Days___ 5 Days___ AM___ PM___ Both___ EMERGENCY FORMS SUBMITTED: ___Yes ___No Emergency Forms must be completed on CampDocs prior to starting the Extended Time Program. Once your child(ren) are registered for the program, you will receive an invite from CampDocs via email.
	PRESCHOOL REGISTRATION
	START DATE: _____ 2 Days___ 3 Days___

## Crystal Lake Park District Waiver and Release of All Claims and Assumption of Risk

**Important Information:** The Crystal Lake 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 Crystal Lake 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 programs/activities 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 is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or 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. 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 Crystal Lake Park District to guarantee absolute safety. **In the event of an emergency,** I authorize the Crystal Lake Park District to secure any/all necessary medical attention from my accredited hospital and/or ward and further agree that I will be responsible for any and all medical services rendered. I further understand that my signature is required below in order to participate in Crystal Lake Park District programs. **PARTICIPATION WILL BE DENIED** if the signature of adult participant or parent/guardian and date are not on this waiver. **I have read and fully understand** the Important Information, Warning of Risk and Release of all Claims & Assumption of Risk located on the of this form.