

**Long Grove Park District** 3849 Old McHenry Rd., Long Grove, IL 60047  
 Phone: 847-438-4743 - Fax: 847-719-1645 - E-mail: syoung@lgparks.org  
 Mail, Email, or Fax registration form to above.



**STARTING SOON!! AFTER SCHOOL PROGRAMS**  
**SPONSORED BY LONG GROVE PARK DISTRICT**

- After school yoga @ Country Meadows - Fridays** Ages 1st-5th grade, 01/11-03/22
- Chess @ Country Meadows School - Mondays** Ages K-6th grade, 01/14-03/18
- Engineering for Kids @ Kildeer Countryside School - Tuesdays** Ages K-5th grade, 01/15-03/05
- Engineering for Kids @ Country Meadows School - Wednesdays** Ages K-5th grade, 01/16-03/06
- After school yoga @ Kildeer Countryside School - Wednesdays** Ages 1st-5th grade, 01/23-03/20

**For additional information go to [www.lgparks.org](http://www.lgparks.org) or call our office @ 847-438-4743.**

<i>Last Name (Adult/Parent/Guardian)</i>	<i>First Name</i>	<i>Name of other Adult/ Parent/Guardian</i>
<i>Street Address</i>	<i>City</i>	<i>State, Zip</i>
<i>Primary Phone</i>	<i>Secondary Phone (list whose phone)</i>	<i>Email Address</i>
<i>Emergency Contact Name</i>	<i>Emergency Phone</i>	<i>Emergency Contact Relationship</i>

■ In case of emergency, an attempt will be made to reach the contacts in the order listed above.

**Registration Information.** To assure accuracy, please **print clearly** and complete all fields in the table.

Code #	Program Name	Date/Time	Participant's First Name	Participant's Last Name	Age	Grade	Fee

**Payment Information** *Check One Method*

Total Fee \_\_\_\_\_

Visa  MasterCard  Discover  Cash  Check

<b>Information Needed for Credit Card Payment</b>	
Card # _____ - _____ - _____ - _____	
Cardholder Name _____	
Exp. Date _____ Security Code _____ Ttl. Amt. _____	
Authorized Signature _____	

**Waiver and Release of all Claims Against Long Grove Park District (LGPD).**

Be aware that by registering yourself, other adults, and/or your minor child(ren)/wards for any LGPD program(s) you are waiving and releasing all claims for injuries adults and/or your minor child(ren)/ward(s) might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in any of the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which adults or my child(ren)/ward(s) may sustain as a result of participating in any of the programs. I hereby fully release and discharge the Long Grove Park District and its officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, damages, and/or losses sustained by adults and/or my child(ren)/ward(s), arising out of, connected with, or in any way associated with the activities of any of the LGPD program(s).

**I HAVE READ, FULLY UNDERSTAND AND ACCEPT THE CONDITIONS AS DESCRIBED ABOVE.**

Signature of Adult/Parent/Guardian (signer must be 18 yr. or older) \_\_\_\_\_

**Photo Release** Photos and videos may be taken of participants in LGPD programs. All persons registered for LGPD programs or using LGPD property thereby agree that all photos and videos taken by LGPD may be used by LGPD for promotional purposes in any media form without additional prior notice or permission and without compensation to participant(s).