



PARK DISTRICT OF LA GRANGE BEFORE & AFTER SCHOOL RECREATIONAL EXPERIENCE PROGRAM

2020-2021 Registration/Emergency Form – SFX Pre-K through 8th Grade

School: SFX Main Campus

2020-21 Grade _____

Student's Legal

Name: Last _____ First _____ Male Female Birthdate _____ Age _____

Address _____ City & Zip _____

**PLEASE WRITE LEGIBLY
SEPARATE FORM REQUIRED FOR EACH CHILD**

Phone: Home _____ Cell _____

In order to provide the best care for your child, please answer the following-failure to provide this information may delay your child's attendance in the BASE program.

Primary _____
Email _____

Does your child have any special needs or is your child receiving any special services from school or other agencies?
 Yes No **If yes, please attach a separate explanation with details.**

Does your child have any health or dietary problems that may affect his/her activities or diet (e.g. epilepsy, rheumatic fever, diabetes, allergies, heart trouble, etc.)? Yes No **If yes, please attach a separate explanation with details.**

Father's Name _____ Employer _____

Email _____ Work Phone _____

Mother's Name _____ Employer _____

Email _____ Work Phone _____

Child resides with: both parents mother father other _____

Please indicate choice:

- FULL TIME** - Before & after school care consistently throughout school year Monday - Friday
- AM Before School Care** Monday – Friday 1 or more days/wk
- PM After School Care** Monday – Friday 1 or more days/wk

**\$35 REG. FEE PER CHILD
NO REFUNDS**

Make checks payable to: PDLG

**PLEASE NOTIFY BASE SUPERVISOR
IF ANY INFORMATION CHANGES**

In addition to those listed above, in case of an emergency, we have your permission to contact and/or release your child(ren) to:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor's Name/Phone _____ Hospital Preference _____

OFFICE USE Received: _____
Date _____
Time _____
Staff Initials _____
Payment \$35:
 Cash
 Credit Card
Check # _____

Signature of Parent/Legal Guardian _____

Date _____

Students may begin BASE after their information is reviewed and verified / Parents will receive an email confirmation

PLEASE SIGN WAIVER ON REVERSE SIDE

**Park District of La Grange
Before and After School Program (B.A.S.E.)
Participation Waiver 2020-2021**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program/programs you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program/programs including transportation services and vehicle operations, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss, regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

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

I have read and fully understand the above Program Details, Waiver and Release of All claims and Permission to secure treatment. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Name of Child

Signature of Parent/Legal Guardian

Date