



2019-20 Teen Center Registration Form

___ Gurnee School Year (8/21/2019 - 6/5/2020) Fee \$25.00 Park City Annual Fee \$10 ___

___ 2019 Gurnee Summer (6/17/2019 - 8/9/2019) Fee 25.00 School District: ___

Member Name ___ Birthday ___/___/___ Grade ___

Gender: ___ Parent (1) ___ Parent (2) ___

(Parent 1) Home Phone ___ Work ___ Cell ___

Address ___ City ___ State ___ Zip ___

Parent E-mail Address ___

(Parent 2) Home Phone ___ Work ___ Cell ___

Address ___ City ___ State ___ Zip ___

Parent E-mail Address ___

Emergency Contact (1) ___ Relationship ___

Home Phone ___ Work ___ Cell ___

Emergency Contact (2) ___ Relationship ___

Home Phone ___ Work ___ Cell ___

Special Diet/Allergies (list) ___ Routine Medications ___

Any Special Needs, Accommodations or Useful Information:

Three horizontal lines for providing special needs information.

Warren Township welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. To ensure that reasonable accommodations are in place accommodation requests should be received at least two weeks prior to the start date of the program. Due the nature of our program as a drop in center and to the time intensive nature of supervising Teen Center trips, Warren Township staff cannot be responsible for providing personalized caregiver attention to individuals, i.e. assisting with ambulation, toileting, dining, cognitive impairment assistance, etc. Warren Township Teen Center staff reserves the right to deny membership/travel if it is determined that care giving of this nature is required. For more information please contact the Teen Center Director at (847) 244-1101 *451.

Non-Discrimination policy:

The Township does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, identity or disability in employment opportunities or the provision of service, programs or activities.

Refund policy:

Memberships are nontransferable, nonrefundable, and are not prorated for any reason. Programs, Trips and classes that have fees associated with them will be nonrefundable unless the program is cancelled.

Mandated Reporting: Teen Center staff is required to report any participant that discloses information indicating abuse, threat of harm to self or others.

Parent Signature _____ Date _____

Warren Township Staff use only:

Cash ___ Check# ___ Credit ___ Staff ___ Date _____

FORM CONTINUED ON BACK PLEASE COMPLETE BOTH SIDES.

Warren Township Teen Center

Release and Indemnity Agreement

In the case of a medical emergency, if I cannot be reached, I authorize Warren Township Program Staff to seek appropriate medical (physician, dentist, nurse etc.) care for listed Participant. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the Program will be given during the program. I give permission for Participant to be transported in vehicles provided by Warren Township. I acknowledge and agree that Warren Township may take photographs and/or videos of participants in the Teen Center program, including Participant, unless notified by me in writing that such photographing or recording is not permitted with respect to Participant. The photographing and recording permitted here under shall only be for Warren Township's use in future publications or website postings.

I understand that participating in the recreational program(s) selected involves risk of injury. These risks include, but are not limited to inclement weather, accidents while traveling, equipment problems or failures, contact with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for Participant to participate in the selected program(s) despite the risks. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the Township, its employees or its agents for injury, illness, or death resulting from this program. I agree that I am a parent, legal guardian, or otherwise responsible for the Participant whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the Participant participating in the program(s). I also agree not to sue the Township, its employees, or its agents and agree to indemnify the Township for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to the Participant resulting from participation in the program(s).

I understand that Warren Township provides no insurance coverage for participants. I have read this document thoroughly and understand that by signing this form I am waiving legal rights. I also agree for myself and for the Participant to follow all rules and procedures of the program and to follow the reasonable instructions of the staff and supervisors of the program.

Name of Participant: _____

Signature (of parent/legal guardian if under 18): _____

Printed Name of Parent/Legal Guardian: _____

Date: _____