



COVID 19 SPECIAL PERMISSION

Participants utilizing 'The Drop Teen Center' must abide by all **current** State and local public health orders in order to ensure continued safety and community health.

Participants must:

1. Use of a mask at all times. If you do not own a mask, one will be provided for you.
2. Maintaining a space of 6 feet from all other Participants at all times.
3. Gatherings of fewer than 50 people.
4. Attend 'The Drop Teen Center' only if Participant is **not** experiencing fever, aches, pains, sore throat, cough, chills, loss of taste or smell or is otherwise not in good health.
5. These precautions are subject to change at any time.

I _____, ("Participant") agree to release, waive, discharge and covenant not to sue Warren Township for any injuries, illness, or damages sustained by the Participant. I further agree to assume all risks associated with Participant's participation in 'The Drop Teen Center.' I agree to indemnify, defend and hold harmless the Warren Township, both collectively and individually, in addition to its respective agents, elected officials, officers, directors, owners, contractors, volunteers, and other employees (collectively the "Released Parties"), from any and all liability actions, causes of actions, debts, claims and demands of every kind and nature whatsoever which may arise during the course of as a result of the Participants attendance at 'The Drop Teen Center.'

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If Participant is under 18 years of age)

Parent phone or email _____

Joseph Doyle
Teen Center Director
Warren Township
joed@warrentownship.net
847.815.0827



2020-21 Teen Center Registration Form

Gurnee School Year (8/24/2020 - 6/7/2021) 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:

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 _____

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: _____