



2016-17 Teen Center Registration Form

Gurnee School Year Fee \$25.00 _____ 8/22/2016 - 6/7/2017 **Park City Annual Fee \$10** _____

2016 Gurnee Summer Fee 25.00 _____ 6/13/2016 - 8/12/2016 **School District:** _____

Member Name _____ Birthday ____/____/____ Grade _____

Address _____ City _____ State ____ Zip _____

Male/Female (circle one) Parent(s) Name(s) _____

_____ Home Phone _____ Work _____ Cell _____

_____ Home Phone _____ Work _____ Cell _____

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, program registration or accommodation request should be received at least two weeks prior to the start date of the program. For more information please contact the Teen Center or 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 or disability in employment opportunities or the provision of service, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with Warren Township or the Office of Equal Opportunity, U.S. Department of the Interior, Washington, D.C. 20240.

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# _____ 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 my child to be transported in vehicles provided by Warren Township. Pictures may be taken of my child while participating in Township activities and may be used for program publicity.

Name of Participant: _____
Signature (of parent/legal guardian if under 18): _____
Printed Name of Parent/Legal Guardian: _____
Date: _____

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 my child 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 child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child 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 my child 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 any child 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: _____
Parent Signature (of parent/legal guardian): _____
Printed Name of Parent/Legal Guardian: _____
Date: _____