Adult Name (first)_____(last)_____(spouse)_____

Address_____City_____State_____Zip Code_____

☐ *Check here if new address*

Home Phone_____Work Phone_____Cell Phone_____

Email Address_____

☐ *Check here if new email address*

Emergency Name_____Phone_____

	Code Number	Activity Name	Registrant's Last Name	Registrant's First Name	Age	Birth Date mo/day/yr	Gender	Fee
1st choice								
1st choice								
1st choice								
1st choice								

☐ The Lake Zurich Park & Recreation Department does its best to accommodate those individuals with special needs. If you need any special assistance with a program, please check the box to the left and we will do our best to assist you.

☐ Mastercard

☐ Visa

This section must be filled out if you are using VISA or MASTERCARD.

				-					-					-				

Account Number

Cardholder Name_____

Expiration Date_____

Amount of Charge $_____

Authorized Signature_____

Lake Zurich Park and Recreation Department
200 S. Rand
Lake Zurich, IL 60047
Phone: 847-438-5146
Fax: 847-540-5081

Check #_____

Please make checks payable to the Village of Lake Zurich

Check $_____
Cash $_____
Charge $_____
Total $_____

Village of Lake Zurich - WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and/or your minor child for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the Village of Lake Zurich and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and/or losses sustained by me or by my child/ward, arising out, connected with, or in any way associated with the activities of any of the program(s). **I HAVE READ, FULLY UNDERSTAND AND ACCEPT THE CONDITIONS AS DESCRIBED ABOVE.**

Signature of Parent/Guardian/Participant_____ Date_____

This waiver must be signed by adults 18 years old and older.