

Registration Information

Administration FAX: 847-234-7275
Lake Bluff Park District office is
off Green Bay Road at 355 W.
Washington Ave. for drop-off &
walk-in services.
Phone: 847-234-4150
www.LakeBluffParks.org

HOW TO REGISTER



1. MAIL-IN

Fill out the registration form in the brochure. Payments may be made by check or credit card. Checks should be made payable to Lake Bluff Park District. If paying by bank card (Visa, MasterCard), include the complete card number, expiration date and signature. Mail to: Lake Bluff Park District, 355 W. Washington Avenue, Lake Bluff, IL 60044



2. DROP-OFF

Fill out the registration form in the brochure or pick one up at the Administration Office. Include proper payment. Leave the registration form with payment at the front desk of the Administration Office. Sorry, no telephone registrations. Registration may be placed in our locked after-hours Drop-Off Box next to the counter in the Recreation Center.



3. FAX 847-234-7275

Fill out the registration form and fill in the necessary credit card information. Fax it to the number above, and call the office to confirm fax has been received.

LOTTERY SYSTEM

A random lottery system is used to place participants in classes that exceed the maximums. You may mail-in, fax-in or drop off registration prior to the lottery date and it will be held at the office until the lottery starts.

Procedures are as follows:

1. All resident registrations received on or before December 12 are mixed together. Forms are then randomly chosen from this group, giving everyone registered by December 12 a fair chance to be placed in their desired program.
2. Those individuals not drawn will be contacted by phone prior to non-resident registration to discuss possible options, including a different session of the same class, a different class or a refund.

REGISTRATION DATES

MAIL-IN, FAX OR DROP OFF NOW!

RANDOM LOTTERY FOR RESIDENTS BEGINS AUGUST 15

NON-RESIDENT REGISTRATION BEGINS AUGUST 29

REFUND POLICY

In the past we allowed written requests for withdrawals and transfers up to the first day of the class. This has created hardships for instructors and participants alike. Last minute changes impacted on whether some classes must be cancelled due to low enrollment or whether several classes must be combined. Instructors who have held times in their schedule to teach are notified at the last minute they are not needed. Some classes require supplies to be purchased in advance of the first class. Participants of any class being changed or cancelled need to be notified in a timely manner. For all of the above reasons and in order to have accurate class lists, we must make a policy change.

Requests for transfers and withdrawals for any program must be made no later than 7 days prior to the first class. All refund and program change requests must be made in person at the Park District office and there is a \$5 processing fee for either one.

Other than above, refunds can only be given for medical reasons, and will be prorated. If a medical problem occurs before or during a program and the participant requests a refund, a prorated refund will be assessed with a doctor's note only, starting with the date of the signed request which must be made in person at the Park District office. Under no circumstances will refunds requested after the last day of class be approved.

When the Park District reschedules or cancels programs, full refunds will be given. Refunds are sent to those whose requests have been approved within 30 days of the written request.

PLEASE MARK YOUR CALENDARS... with the starting dates of the programs for which you have registered. You will be notified if for any reason we are unable to complete your registration. If you do not hear from us, your registration has been processed. All fees must be paid before attending a class. Late registration for classes in progress will be accepted if openings exist with no reduction in fees.

REGISTRATION INFORMATION

1. Residents may register at any time for programs that have openings. Early registration is recommended, as popular classes like early childhood programs fill up quickly.
2. Individuals may register members of their immediate family (those residing in the same household). If a participant wishes to change to a different class after registration has been taken, there is a \$5 transfer fee and must be done 7 days prior to the first class. No refunds will be approved for any request for refunds or prorated refunds made after the date of the last class.
3. People who do not reside in the Lake Bluff Park District pay an additional fee for most programs, unless otherwise indicated.
4. When there is insufficient registration, classes may be consolidated, postponed or cancelled. Those who have signed up for a class that has been cancelled will be notified and offered an alternative choice if one is available.
5. A waiver and release of all claims is included on all program registration forms. Please read this carefully. By signing the form, a person/guardian assumes full risk for any injury or loss sustained while participating in a Park District sponsored program.
6. Fees cannot be prorated when registering for a class if the class has already started.
7. Payment must be received with your registration. We cannot hold a space if no payment is received. Full payment for each program is required unless other arrangements have been made in advance. Any outstanding financial obligations due the Park District for participation in past programs must be satisfied prior to registration in any current programs.

Registration Form

LAKE BLUFF PARK DISTRICT PROGRAM REGISTRATION

355 W. WASHINGTON AVENUE LAKE BLUFF, IL 60044 • 847-234-4150 • FAX 847-234-7275

PLEASE PRINT • YOU MUST FILL OUT FORM COMPLETELY OR PROCESSING WILL BE DELAYED

Family Last Name _____ Home Phone _____

Child's Last Name If Different from Family Last Name _____

Address _____ City _____ Zip _____

Email Address _____

Mother's Name (if residing in household) _____ Father's Name (if residing in household) _____

Mother's Daytime Phone _____ Father's Daytime Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

- Be sure to complete each line of the table below.
- Use this form for your whole family.
- Make checks payable to Lake Bluff Park District.
- Call the Office if you have any questions about this form.

| Program Number | Registrant's First Name | Gender | Date of Birth M/D/Y | Current Grade | Program Name | Fee | Paid |
|----------------|-------------------------|--------|---------------------|---------------|--------------|-----|------|
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INSURANCE LIABILITY WAIVER The Lake Bluff Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Lake Bluff Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety. Please recognize that the Lake Bluff Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake Bluff Park District automatically responsible for payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District REQUIRES the execution of the Waiver and Release. Your cooperation is greatly appreciated. Please read this form carefully and be aware in participating in the program(s) listed above, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

WAIVER AND RELEASE OF ALL CLAIMS As a participant (or as a parent/guardian of a participant under age 18) in the Lake Bluff Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including death, damages, or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or arising out of, connection with, or in any way associated with the activities of the program.

PERMISSION TO SECURE TREATMENT In the event of emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any and all medical services required. I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.
(Note: Please sign in an appropriate space below.)

I have carefully read the insurance liability waiver on this form and I understand that my signature is required below in order to participate in Lake Bluff Park District programs.

Signature _____ Date _____

MasterCard Visa

Card# _____

Exp. Date _____

Total Payment _____

Signature _____

Circle one

CASH

CHECK

CHARGE

Assistance as required by the Americans with Disabilities Act can be made available to participants. Check box for processing if applicable.

Mail this form with your payment in full to:

Lake Bluff Park District Registration

355 W. Washington Ave.
Lake Bluff, IL 60044