



Prospect Heights Police Department Girls Club Program Registration 2019

Must be a female Prospect Heights Resident to Participate. Ages 11-17

Participants' Information (list all siblings who will attend)

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
School	_____	Grade	_____	
Medical or dietary restrictions?	No	Yes (Please explain)	_____	
Allergies?	No	Yes (Please explain)	_____	

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
School	_____	Grade	_____	
Medical or dietary restrictions?	No	Yes (Please explain)	_____	
Allergies?	No	Yes (Please explain)	_____	

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
School	_____	Grade	_____	
Medical or dietary restrictions?	No	Yes (Please explain)	_____	
Allergies?	No	Yes (Please explain)	_____	

Do any of the children need special accommodations? No Yes (If yes, please explain):

Address _____ Home Phone Number: () _____ - _____
_____ Cell Phone Number: () _____ - _____
Alternative Phone Number: () _____ - _____
Email: _____

Parent/Legal Guardian: _____

Emergency Contact (if the parent/legal guardian is not available):

Phone Number: () _____ - _____

Does the person listed above have permission to drop off/pick up your children? Yes No

Liability Waiver

You are solely responsible for determining if your minor child/ward or you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child/ward or you might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided.)

Waiver & Release of All Claims and Assumption of Risk I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waiver and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against the City, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Prospect Heights Police Department from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any way associated with this program/activity.

Child's Name

Parent's Name (Printed)

Child's Name

Parent's Signature

Child's Name

Child's Name

PHOTO RELEASE

I hereby authorize and give my consent to the Prospect Heights Police Department to photograph/video my children (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of the Police Department without consideration of any kind, including, but not limited to, the City of Prospect Heights website and Police Department sponsored social media site(s).

Adult or Parent's Signature (18 years or older or Parent/Guardian)

Date _____

DROP OFF AND PICK UP INFORMATION

Drop Off and Pick Up location will be at Prospect Heights Police Department, 14 East Camp McDonald Road, Prospect Heights.. Parents/Legal Guardians may choose to let your child walk to the Department for drop off and/or pick up with parent/legal guardian permission. Participants will need to check in upon arrival with the Program Leader.

I give my son/daughter permission to walk to and from Prospect Heights Police Department for the Girls Club.

Parent/Legal Guardian Signature

Date



Prospect Heights Police Department
14 E. Camp McDonald Road
Prospect Heights, IL 60070