



# WINNETKA COMMUNITY HOUSE REGISTRATION FORM

Fax: 847-446-0609 | Phone: 847-446-0537

Mail or drop-off with payment to: Winnetka Community House, 620 Lincoln Ave., Winnetka, IL 60093

Or register online at [winnetkacommunityhouse.org](http://winnetkacommunityhouse.org)

## CONTACT INFORMATION

PARENT/GUARDIAN'S FIRST NAME:		PARENT/GUARDIAN'S LAST NAME:		
ADDRESS:	CITY:	STATE:	ZIP CODE:	
PRIMARY PHONE:		ALTERNATE PHONE:		
EMAIL:				
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE:		

## PARTICIPANT INFO

## CLASS INFO

FIRST NAME	LAST NAME	BIRTH DATE	M/F	CLASS CODE	CLASS NAME	FEE
Please list participant's school:						
<input type="radio"/> I would like to register for a Community House Membership!						\$195
<input type="radio"/> I would like to make an annual fund donation.						
<b>TOTAL</b>						

Winnetka Community House 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. Winnetka Community House 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 Winnetka Community House 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 himself/herself or a family member for a recreation program/activity should review his/her own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Winnetka Community House automatically responsible for payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Winnetka Community House requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated. Please read this form carefully, and be aware in participating in the program(s) listed on this page, 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 in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the 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 Winnetka Community House and its officers, agents, servants and employees. I do hereby fully release and discharge Winnetka Community House and its officers, agents, servants and employees from any and all claims from injuries, including death, damages 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 Winnetka Community House and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program. In the event of emergency, I authorize Winnetka Community House officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care, and agree that I will be responsible for payment of any and all medical services required. All participants agree that any photography taken while participating in a class, special event or use of a facility may be used for promotional purposes Winnetka Community House. Participants agree to receive emails from Winnetka Community House.

### REFUND AND PRORATE INFORMATION

Full refunds will be issued for courses that are cancelled by Winnetka Community House due to insufficient registration. A refund, less a 10% service charge (not to exceed \$25), may be granted if the refund request is received five full working days prior to the start of the program. No refunds will be allowed after this time unless a medical condition develops and a written explanation from a physician on his/her letterhead is presented. Due to advanced reservation requirements, no refunds for trips, outings, or special events will be given. Classes may be prorated if you would like to enroll in a class after it has started, provided the instructor has space, and allows for late registration. The supervisor must approve the prorated amount.

Please list any specific medical allergies, medications, chronic illness or other conditions which staff should be aware of:

Winnetka Community House operates in compliance with the Americans with Disabilities Act. If you believe you or your child need accommodations to facilitate participation in Winnetka Community House program(s) for which you are registering, please check box.

I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Registration form will not be processed without waiver signature.

<input type="radio"/> CASH	<input type="radio"/> VISA	<input type="radio"/> MASTERCARD	CARD NUMBER	EXP. DATE
<input type="radio"/> CHECK	<input type="radio"/> DISCOVER	<input type="radio"/> AMERICAN EXPRESS	CVC	SIGNATURE