



# McCook Athletic & Exposition Center "The Max" Program Registration Form

4750 Vernon Avenue - McCook, IL 60525  
 Phone 708-485-9900 - Fax 708-485-3333  
 www.max-mccook.com

Please Fill-Out Completely for correct and prompt processing

**Head of Household Name:** \_\_\_\_\_ **Secondary Guardian:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Male** **Female** **Date of Birth:** \_\_\_\_\_ **Male** **Female**  
**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Participant Name	Date of Birth	Program Name	Program Code	Gender	Fee

**Make Checks Payable to The Village of McCook** **Total Due** \$ \_\_\_\_\_

### Waiver Release and Hold Harmless

Please read this form carefully and be aware that in signing up and participating in the program(s) you will be waiving and releasing all claims for injuries you or the participant(s) might sustain from these programs.

\*As a participant or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume that full risk of any injuries, including death, damages or loss which I or the listed participants 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 or the listed participants may have as a result of participating in the program against the Village of McCook and its officers, agents, servants and employees."

\*I do hereby fully release and discharge the Village of McCook and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or the participants may have, or which may accrue to me (us) on account of participation in the program."

\*I further agree to indemnify and hold harmless and defend the Village of McCook and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, and losses sustained by me or the participants arising out of, connected with, or in any way associated with the activities of the program."

I have read and fully understand and accept the program details, policies and procedures and waiver and release of all claims. Each team must submit a roster with Parent/Guardian signature. If registering on-line or by fax, your facsimile signature shall substitute for and have the same legal effect as an original signature.

Participant/Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

<b>MasterCard</b>	<b>Visa</b>	<b>Discover</b>	<b>Expiration:</b>	<b>Cash</b>	<b>Check</b>	<b>Gift Cert.</b>	<b>Ck #</b>
<b>Credit Card #:</b>			<b>Clerk Initials:</b>	<b>TOTAL FEE</b>		<b>\$</b>	

## MAX SUMMER CAMP

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Entering in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Home Address/City/Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_ Other #: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive emails regarding future camps? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has your child (ren) attended a day camp before? If so which one?

\_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

### **Child Health Profile:**

Please list any medical issues we should be aware of:

\_\_\_\_\_

Does your child currently take medication including an inhaler?

\_\_\_\_\_

\*Will you be providing medication/inhaler for camp administration purposes?? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**\* Separate Medical form is required.**

Please list any medication, food or additional allergies your child may have:

\_\_\_\_\_

Please comment if there are any other medical issues that may assist The MAX in facilitating your child's participation in our program:

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, \_\_\_\_\_ (**Parent**) the parent/legal guardian of \_\_\_\_\_ (**Camper Name**) (**the "Participant"**), consent to the Participant's participation in the MAX Days Program activities (the "Activities"). In an emergency, I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize the McCook Athletic and Exposition Center Staff to authorize necessary medical emergency treatment for the Participant, and I agree to be financially responsible for any charges associated therewith, including but not limited to ambulance calls.

For and in consideration of the Participant's participation in the Activities, the receipt and sufficiency of which is hereby acknowledged, I, as the parent or legal guardian of the Participant, and on behalf of myself, the Participant and our collective personal representatives, heirs, administrators, assigns and next of kin, hereby release, waive, discharge and covenant not to sue the Village of McCook, McCook Athletic and Exposition Center, and their collective officials (whether elected or appointed), officers, directors, agents, representatives, attorneys, insurers, volunteers, employees, independent contractors, successors, predecessors and any other party in any way related to the foregoing (collectively, the "Released Parties") of and from any claims, suits, damages and liabilities whatsoever, including but not limited to personal injury, property damage, court costs, attorney fees and interest, however caused, even if caused by the negligence of the Released Parties, as a result of the Participant's participation in the Activities.

To the fullest extent permitted by law, I agree to and shall indemnify, hold harmless and defend the Released Parties of and from any loss, liability, claim, judgment, damage or cost incurred, however caused, even if caused by the negligence of MAX staff, arising from or in any way connected with the Participant's participation in the Activities.

I further agree that the Released Parties reserve the right to terminate the participation of the Participant in the Activities for failure to behave and act in a respectable manner. If participation is terminated, no fees will be refunded.

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I, the undersigned, hereby authorize and release The MAX to take and use photographs, video and written comments of or by my child for promotional and informational materials. I understand that MAX Activity Day Camp shall be the owner of any such photographs, video and written comments. I hereby release, discharge and covenant not to sue the Village of McCook, McCook Athletic and Exposition Center and their collective officials (whether elected or appointed), officers, directors, agents, representatives, attorneys, insurers, volunteers, employees, independent contractors, successors, predecessors and any other party in any way related to the foregoing from any and all claims, suits, damages and liabilities associated with the use of such photographs, video and written comments of or by my child.

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## CHILD SUNSCREEN AUTHORIZATION

McCook Athletic and Exposition Center requires all Campers to wear sunscreen when involved in outdoor activities. In the beginning of the season children are encouraged to wear light weight t-shirts while swimming. If parents feel this is necessary, please provide the t-shirt and inform the MAX staff.

I, the undersigned, give permission for the McCook Athletic and Exposition Center staff to oversee and assist with the use and application of sunscreen by my child.

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## Parent/ Guardian Contact and Medical Information for a Child

Check Sex: Male\_\_ Female\_\_

Child's Name

Date of Birth

Other, \_\_\_\_\_

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

## Alternative Contacts and Adults Authorized to Pick and/or Drop off (Note: If not listed here will require verbal consent if being picked up and/or dropped off)

Contact Name

Contact Name

Home Phone

Work Phone

Home Phone

Work Phone

Relationship

Relationship

Address

Address

If your child will be walking or riding a bike home, please check in the next column (Note: They will be released to leave until the end of camp time)

Walk\_\_ Bike\_\_ Other, \_\_\_\_\_

Circle your child's swimming ability in the following column

Can't Swim    Shallow Water    Deep Water

## Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

If you or your emergency contacts cannot be reached in an emergency, and if the judgement of the camp counselor, Immediate medical attention is needed, do you authorize responsible MAX Camp staff to send your child (Properly accompanied) to an available hospital or physician? Yes\_\_ No\_\_

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release MAX Camp and individuals from liability in case of accident during activities related to MAX Camp, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

