



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

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

CAMPER INFORMATION FORM

Camper's Name: _____ Date of Birth: _____

Sex: _____ Age: _____ School: _____

Address: _____ City: _____ Zip: _____

Contact #: _____ Other #: _____

Parent/Guardian: _____

Alternate Contact: Name: _____ Contact #: _____

Email Address: _____

Would you like to receive emails regarding our future camps? Yes: _____ No: _____

How did you hear about our camp? _____

Camper Health Profile

Please list any medical issues we should be aware of:

Does your child currently take medication? If so please list:

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

Is your child potty trained?: (Mini Campers) _____

Please comment if there is any other pertinent information that may assist The MAX in facilitating your child's participation in our camp program:
