

# LOCKPORT TOWNSHIP HIGH SCHOOL COMMUNITY WELLNESS CENTER REGISTRATION FORM

1333 E. 7<sup>th</sup> Street  
Lockport, IL 60441  
815-588-8400 office  
815-588-8409 fax  
www.lths.org

**HOUSEHOLD'S FIRST AND LAST NAME:** \_\_\_\_\_

**PARTICIPANT'S LAST NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_

CLASS CODE	PARTICIPANT'S FIRST NAME	GENDER	BIRTHDATE	PROGRAM	T-SHIRT SIZE	FEE
					YOUTH OR ADULT S, M, L, XL	
					YOUTH OR ADULT S, M, L, XL	
					YOUTH OR ADULT S, M, L, XL	
					YOUTH OR ADULT S, M, L, XL	

**WAIVER AND RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR LTHS SCHOOL DISTRICT 205**

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 above 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 above participants may have as a result of participating in the program against the school district and its officers, agents, servants and employees.”

“I do hereby fully release and discharge the school district and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or the above 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 school district and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damage and losses sustained by me or the above participants arising out of, connected with, or in any way associated with the activities of the program.”

Programs will not be refunded after the start of the program except for medical excuse (Doctor's note required) or relocation out of the area. All refunds will be prorated from the time of the request and an administrative fee will be charged. Refund Request Forms are available at the CWC Office.

I have read and fully understand and accept the program details, policies and procedures and waiver and release of all claims.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Signature of Parent or Guardian if under 18**

**PAYMENT METHOD:**     Cash     Gift Certificate     Check # \_\_\_\_\_

**Charge:** Visa/MC/Discover # \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Clerk's Initials** \_\_\_\_\_ **Total Fees: \$**