

# Program Enrollment Form

Please fill out this information each time registering for programs or special events			Fill out this information the first time you ever register, or if information changes or is added			
Family Last Name			Family Members	Birthday M/D/Y	Gender	Grade
Address			Mother			
City, State, Zip			Father			
Home Phone			Child			
Mother's Work Phone			Child			
Father's Work Phone			Child			
Mother's Cell Phone			Child			
Father's Cell Phone			Child			
Email Adress			Child			
Emergency Phone			Children's Schools			
Choice	Participant's 1st Name	Program Name			Activity Number	Fee
1st						
2nd						
1st						
2nd						
1st						
2nd						
Use separate sheet for additional registrations - make sure to include name, program, activity number and fee						

**Mail or fax this form with your payment to:**

McHenry Parks and Recreation Department  
 333 South Green Street, McHenry, 60050  
 Phone: 815-363-2160 Fax: 815-363-3186

- Check here if you need accommodations, in accordance with the Americans With Disabilities Act, to effectively participate in any of the above programs. If an Inclusion Aide is requested please contact the McHenry Parks and Recreation Department prior to the start of the program.

**Total Remittance:**

\$ \_\_\_\_\_

Please check form of payment

Cash  Check

**Make checks payable to City of McHenry**

Visa  MasterCard  Discover

Bank Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 Digit Sec Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Sign \_\_\_\_\_

**Program Waiver**

I, the undersigned, and parent or legal guardian of the program participant(s) hereby grant permission to my said child(ren) to participate in the City of McHenry Parks and Recreation Department sponsored and supervised programs. I agree to be responsible for, and to hold the City of McHenry, its officers, agents and employees harmless from, any and all claims, injuries, damages, liabilities and expenses arising from the actions and conduct of my child(ren) during this program. I authorize the City of McHenry Parks and Recreation Department personnel to obtain for my child(ren) such ambulance, medical and hospital services as such personnel may, in their discretion, deem appropriate and I agree to pay all charges and expenses thereby incurred on behalf of my child(ren) in connection therewith.

Print Family Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Sign \_\_\_\_\_

Participants Names \_\_\_\_\_

Work/Emerg Phone \_\_\_\_\_

Date Signed \_\_\_\_\_