



**ELK GROVE TOWNSHIP
YOUTH SERVICES**

**600 LANDMEIER ROAD
ELK GROVE VILLAGE IL 60007
(847) 981-0373**

Registration Form

Participant Name _____ (please print)

Date of Birth _____ Age _____ Gender _____ Grade _____

Parent(s) Name(s) _____

Home Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Cell Phone _____

Relationship to participant _____

Current diagnosis (if any) _____

Medication _____

Allergies _____

My Child Requires the use of an Epi-pen: YES NO

My Child Requires the use of an inhaler: YES NO

My Child Requires the use of some other emergency device: YES NO

Please submit an emergency/action plan for your child if they have epilepsy, asthma or some other medical emergency that requires intervention.

Areas of concern socially: _____

Strengths and support systems for child and family: _____

RELEASE OF LIABILITY WAIVER AND ASSUMPTION OF RISK:

I, (Parent's or Guardian's name) _____, as legal guardian of _____ (Child's name)(the "**Participant**"), consent and grant permission for Participant to participate in Elk Grove Township's Youth Services Team Building Challenge Program (the "**Challenge Program**"). I recognize and acknowledge that there are certain inherent risks of physical injury and damages to myself and Participant in the Challenge Program, and I voluntarily agree to assume the full risk of any and all injuries, damage or loss, regardless of severity, that I or the Participant may sustain as a result of participating in any activities connected with or associated with the Challenge Program.

I, on behalf of myself, the Participant and our family members and heirs, further agree to waive and relinquish all claims of any nature against Elk Grove Township, including its officials, employees, volunteers and agents, we may have as a result of participating in the Challenge Program.

Without limiting the foregoing, I, on behalf of myself, the Participant and our family members and heirs, do hereby fully release and forever discharge Elk Grove Township, including its officials, employees, volunteers and agents, from any and all claims for injuries, damages or loss that I or Participant may have or which may accrue to either of us arising out of, connected with, or in any way associated with the Challenge Program.

I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and I have executed it voluntarily and knowingly.

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE

(Required if participant is under 18 years of age)

Date: _____

Printed: _____

This consent is valid for 12 months from the date of signed, unless otherwise noted.

CONSENT TO USE OF PHOTO/VIDEO/LIKENESS:

On occasion, Elk Grove Township staff may photograph or video participants in Youth Services Programs. These photos and videos are for Elk Grove Township use, and may be included in publications, brochures, pamphlets, flyers, websites, or other marketing media.

I, (Parent or Guardian) _____, hereby acknowledge that I have agreed to myself and Participant being photographed/vided solely for purposes stated above. I hereby irrevocably grant to Elk Grove Township a non-exclusive license to use in any and all manner and media the photos and videos in connection with Youth Services Programs. I agree to waive all rights of confidentiality. I also agree to waive and release Elk Grove Township, as well as their officials, employees, volunteers and agents, from and against any and all claims, causes of action, suits, and demands of any nature, which I, or Participant, have or may have for invasion of privacy, infringement of rights of publicity, defamation and any other cause of action arising out of Elk Grove Township's use of our photographs, videos or likeness as provided herein.

SIGNED

DATE

Participant Signature (Parent if minor)