

Enrollment in the FOX Club is FREE! Complete this form and be sure to list each family member below.

The Club Coordinator will be in contact with you once your enrollment has been processed.

Return your form to: FOX Club, Prairieview Education Center, 2112 Behan Road, Crystal Lake, IL 60014.

| | | |
|---|---------------------------|---|
| *Main Contact First & Last Name | | Emergency Contact First & Last Name |
| *Address | *City/State/Zip Code | Relationship to Main Contact |
| *Home Phone | Cell Phone | Home Phone |
| Email | Role in Family | Other Phone |
| *Gender | *Date of Birth MM/DD/YYYY | Questions? Contact the Club Coordinator at 815-479-5779. |
| <input type="checkbox"/> Yes, I'd like to receive text messages. I understand my Cell Carrier is required in order to receive text messages. My Cell Carrier is | | |

| *Family Member First & Last Name | *Gender | *Date of Birth MM/DD/YYYY | *Role in Family |
|----------------------------------|---------|---------------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



We welcome individuals with disabilities into programs. Describe any accommodations needed by family members in order for successful inclusion in our programs.

PROGRAM PARTICIPANT WAIVER AND RELEASE Adult participants and parents or legal guardians of minors must read and sign this waiver prior to participating in programs. Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, and all other circumstances inherent to indoor and outdoor recreational activities exist. Participants in canoe programs must also be aware of the risk involved in these types of programs. Canoeing is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including drowning. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, dangerous weather and water conditions such as rapids, deep or cold water, above and subsurface rocks and obstacles, hydraulics, strainers and ledges, acts of God, and insect bites. Other risks include capsizing, being pinned between rocks, logs or trees, hypothermia, sunburn, heatstroke, dehydration, inadequate supervision or instruction, horseplay and carelessness, poor canoeing technique or swimming skills, loss of balance, collision with other canoes or stationary objects, paddling the canoe in waters too difficult for the canoeist's capability, inadequate or defective equipment, and failure to wear a personal floatation device or other safety equipment. In this regard, it must be recognized that it is impossible for the District to guarantee absolute safety. Please read this form carefully and be aware that in signing up and participating in the programs listed, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the District, including its officials, agents, volunteers and employees. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. My facsimile signature shall substitute for and have the same legal effect as an original form signature.

***Participant, Parent, or Legal Guardian Signature & Date:**