

SCHERERVILLE PARKS AND RECREATION
10 E. Joliet Street
Schererville, IN 46375
(219) 865-5530
www.schererville.org

Parent or Guardian Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number/Cell: _____ **Email:** _____

Participant's Name:	Birthday (Required):	Program Name:	Program Date:	Fee:
				TOTAL FEES:

MAIL IN: Return registration form and include a **CHECK** payable to Town of Schererville to 10 E. Joliet Street Schererville, IN 46375.

WALK-IN: Registration can be done by going in person to the Clerk's office at Town Hall, 10. E. Joliet Street Schererville, IN 46375. Registrations are also taken at the Community Center, 500 E. Joliet Street Schererville, IN 46375. The Community Center only takes **CHECKS payable to the Town of Schererville.**

ONLINE: Registration can be done by going online to activenwi.com. **Note:** Additional payment fees apply.

REFUND POLICY: NO REFUNDS will be given. Programs will be cancelled if the minimum class numbers are not met (full refunds will be given if the parks department cancels the program). **NO REFUNDS** will be given for trips unless a replacement is found and the replacement is paid in full. All refunds are processed with a signed claim and a check will be mailed. No cash refunds are given. Please allow 30 days for refunds to be mailed.

WAIVER AND RELEASE OF ALL CLAIMS

I, the participant/parent/guardian in this program, recognize and acknowledge that there are certain risks of physical injury and I agree and assume the full risk of any injuries, including death, damages or loss which the participant (s) may sustain as a result of participating in all activities connected with or associated with such program.

I, the participant/parent/guardian in this program, agree to waive and relinquish all claims that I or the participants may have as a result of participating in the programs against the above named entity and its agents, officers, servants, and employees.

I, the participant/parent/guardian in this program agree to fully release and discharge the above named and its officers, agents, servants, and employees from any and all claims for injuries, including death, damage or loss which I or any participants may have or which occur to me or the participants on account of participation in the above programs.

I, the participant/parent/guardian in this program further agree to indemnify, hold harmless, and defend the above named entity and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and/or losses sustained by the participants and arising out of, connecting with, or in any way associated with the activities of the above programs.

I have read and fully understand the above program details and I fully understand that "This is a release of all claims".

Signature: _____ **Date:** _____

For Office Use Only:

Rec'd By: _____ Entered into Active By: _____

Check #: _____