

# Village of Fox Lake Parks & Recreation and 5 Star Sports Summer Sport Programs



## Soccer

### SUMMER

**July 6 - August 10 (Mon.)**

5:00-5:45	3-4 yrs old
5:45-6:30	4-6 yrs old
6:30-7:30	1st -3rd

## T-Ball/Baseball

### SUMMER

#### T-Ball

**July 11—August 15 (Sat.)**

1:45-2:30	3-4 yrs old
2:30-3:30	4-6 yrs old

#### Baseball

3:30-4:30	7-10 yrs old
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## Volleyball

### SUMMER

**July 8—August 12 (Wed.)**

7:00-8:00	3rd-8th grade
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**All participants will receive a  
t-shirt and an award for each class  
Fee: \$45.00**

## Mini Olympics

### SUMMER

**July 11—August 15 (Sat.)**

11:45-12:30	3-4 yrs old
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T-ball, soccer, basketball, football and hockey are the main sports that will be covered.

## Golf

### SUMMER

**July 8—August 12 (Wed.)**

5:00-5:45	4-6 yrs
5:45-6:45	6-8 yrs

## Family Olympics

### SUMMER

**July 11—August 15 (Sat.)**

11:00-11:45	2-3 yrs w/caregiver
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Each week a new sport will be taught such as t-ball, basketball, soccer, hockey and football.  
**This is a parent and child class.**

**All classes will be held at Lakefront Park weather permitting-71 Nippersink Blvd. or alternative location may be required. Please contact us for location.**

Pre registration is required. **6 Child minimum enrollment per class required or program may be cancelled.** For information please contact the Fox Lake Village Hall @ 847-587-2151 or visit us @ [www.foxlake.org](http://www.foxlake.org). For additional information contact 5 Star Sports @ 847-627-0800 or visit us @ [www.5starsports.net](http://www.5starsports.net).



**Village of Fox Lake  
Parks and Recreation Department  
General Registration Form**

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle One: Resident / Nonresident

Credit Card (circle one): Visa / Mastercard

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Payment amount \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Registration is not valid unless waiver is properly signed**  
**Make checks payable to the Village of Fox Lake**

**Please circle a shirt size for you child.**

**XS SM MED LG XLG**

First Name	DOB / AGE	Program/Session Date & Time	Fee	Total
<b>Total Dollar Amount of all Programs</b>				

Pre-registration is required due to the size of the programs. 6 child minimum enrollment per class required or program may be cancelled. Please complete registration form and return with payment to the Village of Fox Lake / Parks and Recreation Department / 66 Thillen Drive / Fox Lake, IL 60020. Any questions please contact us at 847-587-2151 / fax: 847-587-2237. I have read and fully understand the program details, waiver and release of all claims and permission to secure treatment as stated on reverse side.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: date \_\_\_\_\_ amount paid \_\_\_\_\_ seq# \_\_\_\_\_ initials \_\_\_\_\_

## **Important Information**

The Fox Lake Department of Parks & Recreation is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Fox Lake Department of Parks & Recreation continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

Please recognize that the Fox Lake Department of Parks & Recreation does not carry medical accident Insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Fox Lake Department of Parks & Recreation automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Department requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

## **Waiver and Release of All Claims**

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, damages or loss regardless of severity which my minor child/ward or I may sustain as a result of participating in and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the Department and its officers, agents, servants and employees.

I do hereby fully release and discharge the Department and its officers, agents, servants and employees from any and all claims from injuries, damage or loss, which I or my minor child/ward may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities or the program.

In the event of any emergency, I authorize Department officials to secure from any licensed hospital, physician and or medical personnel any treatment deemed necessary for me or my minor child/ward s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

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Signature