



Aaron Keathley, Mayor
407 S. View St. P.O. Box 37
Oreana, IL 62554
oreanail.com 217-468-2476

Oreana Summer Park Program Registration Form

Children Info:

Child Name: Age: Last Grade Completed:
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Parent/Guardian Info:

Parent Name: Email: Relationship to Child:
Phone: Work Phone:
Parent Name: Email: Relationship to Child:
Phone: Work Phone:

Emergency Contact Info (in case parents can't be reached):

Name: Phone #: Relationship to Child:

Do any of the registered children have health concerns, food allergies, or any other pertinent information? Please specify:

Blank lines for specifying health concerns or allergies.

Physician's Name: Physician Phone Number: Hospital Preference:

I, as a parent or guardian of the participant(s) name herein, assume all risk and hazards incidental to the activities of the Oreana Summer Park Program, and release from responsibility and agree to indemnify and hold harmless the Village of Oreana, its officers, directors, recreation leaders, volunteers, employees, other participants, and sponsoring agencies or organizations for any illness or injury to the participant(s) name herein during participant(s) participation in any activity of use of any recreation facility at or conducted by the 2018 Oreana Summer Park Program.

I HAVE RECEIVED AND READ THE ABOVE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND AGREE, BY AFFIXING MY SIGNATURE BELOW:

Parent Signature; Date:

FEE SCHEDULE:

\$25.00 X (NUMBER OF CHILDREN) = \$ TOTAL:
CASH: CHECK NO.