

LYONS TOWNSHIP HIGH SCHOOL

ADULT AND CONTINUING EDUCATION

EMERGENCY FORM-*Separate Form For Each Registrant*

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Age _____

The above listed participant is registered for the following course(s):

Alternate Contact _____

Home Phone _____ Cell/Work Phone _____

Physician Name _____

Phone _____ List any known allergies _____

Insurance Company _____ Policy # _____

The parent, guardian, and participant understand that activity programs occur in an environment where there are certain risks of physical injury. I agree to assume the full risk of any injuries and damages or loss which I or the participant may sustain as a result of participating in any and all activities connected with or associated with such a program. Therefore, I agree to waive and relinquish all claims I or the participant may have as a result of participation in such programs against Lyons Township High School and its members or officers. I or the participant understand that persons engaging in activity programs at LT should be covered by medical insurance of sufficient coverage to adequately cover the costs of injuries that might occur as a result of participation in activity programs conducted by Lyons Township High School.

/s/ _____
Parent Signature (type name if submitted electronically)

Date

I have read the disclaimer above and agree to its terms. Submitting this Emergency form electronically constitutes a parent signature.

To submit electronically:

- Print and save a copy for your records
- Click the SUBMIT button at the right

Completed forms can be mailed to:
Adult and Continuing Education Program
 Lyons Township High School
 100 S. Brainard Avenue
 LaGrange, IL 60525