



Warrenville Park District
 3S260 Warren Avenue
 Warrenville, IL 60555
 Phone: (630) 393-7279
 Fax: (630) 393-7282
 www.warrenvilleparks.org

Did You...? Receipt No. _____

- Provide at least two different phone numbers.
- Sign your registration form.
- Make your check/money order payable to Warrenville Park District.

Provide your credit card information

Primary Household Contact:

Last, First _____

Address _____

City _____ Zip _____

Phone (hm) _____ (wk) _____

OFFICE USE ONLY	
Received by staff initials	_____
Date	_____
Processed by staff initials	_____
Date	_____

Emergency Name & Phone: _____ E-mail: _____

Form of Payment:

Cash
 Check
 Visa
 MC
 Discover

Insert Credit Card Number Above

Check Number: _____ Cardholder Name _____ Expiration Date: _____

Authorized Signature _____ Charge Amount: \$ _____

Participants Name First and Last	Birthdate Mo/Day/Year	Grade	Program Code	Program Name	Fee
Total					

If required, please indicate below important household/family member comments instructors should be aware of:

(i.e. food allergies, insects, plants, medicine, etc.)?

Yes No Details: _____

The Park District makes reasonable accommodations in recreation programs to enable persons with disabilities to participate. Please specify below any adaptive equipment, personnel or other accommodations you need to participate.

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. As a participant in these Warrenville Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the Warrenville Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Warrenville Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend the Warrenville Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the Warrenville Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered.

The Warrenville Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

Parent/Guardian, Adult Participant Signature _____
 Last Revised Nov.2014

Parent/Guardian, Adult Participant (please print) _____