

Warrenville Park District

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

| Did You? | Receipt No. | |
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| Diu i ou | | |

- 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 | | | | OFFICE LISE ONLY | | |
|---|---|---|---|---|---|--|
| Address | | | | OFFICE USE ONLY | | |
| City Zip | | | | Date | Received by staff initials Date | |
| Phone (hm) (wk) | | | Date Processed by staff initials Date | | | |
| Emergency Name & Phone: | | | E-mai | il: | | |
| Form of Payment: | | | | | | |
| Cash Check Visa | a | | | | | |
| Check Number: | Cardholder Na | | ert Credit Card Number Abov | Expiration Date: | <u></u> | |
| Authorized Signature_ | | | Charge Amount: \$ | | | |
| Participants Name First and Last | Birthdate Mo/Day/Year | Grade | Program Code | Program Name | Fee | |
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| (i.e. food allergies, insects, plants Yes No Details: The Park District makes reaso Please specify below any adap | onable accommodati | ions in rec | creation programs to | enable persons with disabilities to pa | articipate. | |
| you will be expressly assuming a programs. As a participant in the injury and I agree to assume the any and all activities connected a participating in the programs again and discharge the Warrenville Padeath, damages and losses which indemnify and hold harmless and claims resulting from injuries, associated with the activities of from any licensed hospital, physible responsible for payment of any while participating in a Warrenville warrenville to be used to promote the remain the property of Warrenville. | the risk waiving and rese Warrenville Park full risk of any injuriement of a sociated with an at the Warrenville I ark District and its of h I may have or which defend the Warren including death, dam these programs. In the ician and/or medical park and all medical serville Park District Progree Warrenville Park I le Park District. t does not carry me | releasing a District prices, including the such property of Park Districtificers, agency of the event of the | Il claims for injuries y ograms, I recognize an ng death, damages or l ograms. I agree to wai ct and its officers, agernts, servants and emplour to me on account of District and its office losses sustained by mf an emergency, I auth any treatment deemed a red. I understand that no ecial event. I give my rough brochures, flyers accident insurance for | igning up for and participating in progra ou or your children might sustain arisin, d acknowledge that there are certain risl oss which I may sustain as a result of pa ve and relinquish all claims I may have nts, servants and employees. I do hereby oyees from any and all claims from injur of participation in these programs. I fu rs, agents, servants and employees from e or arising out of, connected with, o orize the Warrenville Park District office necessary for any immediate care and ag ny child/ward or I may be photographed permission for photos and videotapes of and social media. Such photos and vi r program participants. Please review | g out of these ks of physical articipating in as a result of v fully release ies, including rther agree to many and all r in any way itals to secure ree that I will or videotaped if my child or deotapes will | |
| Parent/Guardian, Adult Participant S | ignature | | Parent/Guardian. Ac | dult Participant (please print) | _ | |