




Family Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & Zip Code \_\_\_\_\_  
 Please check one  No, this is not a new address  
 Yes, this is a new address which has changed during the past 6 months.  
 Home Phone \_\_\_\_\_  
 Work Phone (M) \_\_\_\_\_ (D) \_\_\_\_\_  
 Cell Phone/Pager \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Emergency Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Payment Method:**  Cash  Check # \_\_\_\_\_  Credit Card

Please make checks payable to: **Bloomington Park District**  
 Mark "Registration" on your envelope.

 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 (Please print as it appears on card)  
 Signature \_\_\_\_\_

I want to start earning **RECRewards** 

**Americans with Disabilities Act Compliance**

The Bloomington Park District will make all reasonable efforts to accommodate persons with disabilities. Please indicate any special needs of participants(s):  
 \_\_\_\_\_

Participant (First & Last Name)	M/F	Birthdate (mo/day/yr)	Grade	School	Program Name	Program Code #	2nd Choice* Code #	Fee
*If you do not receive the 1st choice program selection, all attempts will be made to place you in your 2nd choice program selection.								<b>Total Due</b>

**Office Use:** Receipt # \_\_\_\_\_ Paid by: \_\_\_\_\_ Total: \_\_\_\_\_ Date: \_\_\_\_\_ Entered By: \_\_\_\_\_

**When registering by fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form.**

**REGISTRATION WAIVER & RELEASE – IMPORTANT INFORMATION**

The Bloomington Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Bloomington Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Bloomington Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the programs listed below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Bloomington Park District, including its officials, agents, volunteers and employees.

**PHOTO/VIDEO WAIVER**

I hereby authorize and give my consent to Bloomington Park District to photograph/video me or my child, and without limitation, to use such photographs/video in the district's marketing materials to promote programs, services, facilities and events.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (18 years or older or Parent/Guardian)

**PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**