REGISTRATION FORM

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: **Bloomingdale Park District**
Mark "Registration" on your envelope.

VISA **Card #** _____ **Exp. Date** _____

Name _____
(Please print as it appears on card)

MasterCard **Signature** _____

Americans with Disabilities Act Compliance

The Bloomingdale Park District will make all reasonable efforts to accommodate persons with disabilities. Please indicate any special needs of participant(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.

Total Due _____

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 be substitute for and have the same legal effect as the original form.

Waiver & Release of all Claims

"As a participant or parent/guardian of participant(s) in these program(s) activities, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with such program(s) activities held on or off Park District property (including transportation services/vehicle operation, when provided)."

"I further agree to waive and relinquish any and all claims I or my child/ward may have as a result of participating in these program(s)/activities (held on or off Park District property) against the Bloomingdale Park District, including its independent contractors, officials, agents, volunteers, servants, and employees."

"I do hereby fully release and forever discharge the Bloomingdale Park District and its independent contractors, officials, agents, volunteers, servants, and employees from any and all claims from injuries, including death, damages, or losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with these program(s)/activities (held on or off Park District property) or the transportation services."

I have read and fully understand the above Waiver & Release of all Claims.

Signature of Adult/Parent/Guardian 18 years of age or older _____ Date _____