Bloomingdale Park District

Payment Method: ❑**Cash** ❑**Check #** _______ ❑**Credit Card**

Please make checks payable to **Bloomingdale Park District**.

VISA MasterCard DISCOVER

Card #: ________________________________

Exp. Date: ________________________________

Name: ________________________________
(Please print as it appears on card)

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):

____

Family Name: ________________________________
Address: ________________________________
City & Zip Code: ________________________________

Please check one: ❑ No, this is not a new address
❑ Yes, this is a new address

Home Phone: ________________________________
Work Phone: ________________________________
Cell Phone: ________________________________
Email: ________________________________

Emergency Contact: ________________________________
Emergency Phone: ________________________________

Participant (First & Last Name)	M/F	Birthdate (mo/day/yr)	Grade	School	Program/Class	Code #	Fee
Would you like to donate $1 to the Bloomingdale Parks Foundation? Write $1 in box >							
						TOTAL:	

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.

The Bloomingdale 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 Bloomingdale Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for the above 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 and/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 Bloomingdale 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 above, you will be expressly assuming the risk and 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 Bloomingdale Park District, including its officials, agents, volunteers and employees.

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.

Office Use: Paid by: ____________ Total: __________ Date: __________ Entered by: ________________

Participant's Signature: ________________________________ **Date:** ________________
(18 years or older or Parent/Guardian)