# REGISTRATION FORM BARTLETT PARK DISTRICT

www.bartlettparks.org

**If you do not receive a confirmation for all classes, it is your responsibility to contact the Registration Office prior to the start of all of the classes you have requested.**

☐ **I have read, understand, and agree to the cancellation/ refund/transfer policies.**

Payer's Name _____

Address _____

City_____ Zip _____

Home Phone ( _____ ) _____

Day Phone ( _____ ) _____

E-mail Address _____

Fax: (630)540-4869 – Call 630-540-4800 immediately after transmission to verify receipt of fax.

**Special Accommodations/A.D.A.**

Please list any medications currently being taken or describe special accommodations needed for successful inclusion into the program(s). A two week notice is required.

_____

_____

| Participant | Gender | B-Day/Grade | Program Name | I.D. Number | Time | Fee |
|---|---|---|---|---|---|---|
| | | | | 1st Choice | | |
| | | | | 2nd Choice | | |
| | | | | 1st Choice | | |
| | | | | 2nd Choice | | |
| | | | | 1st Choice | | |
| | | | | 2nd Choice | | |
| | | | | 1st Choice | | |
| | | | | 2nd Choice | | |
| | | | | 1st Choice | | |
| | | | | 2nd Choice | | |
| **Would you like to make a donation to the Park District Parks Beautification Fund .9991 ☐ $1 ☐ $5 ☐ $_____** | | | | | | |
| **Your registration form cannot be processed if the waiver form below is not completed and signed.** | | | | | **Total** | |
| | | | | | **Amount Paid** | |

☐ **Cash – All forms received at BCC, 700 S. Bartlett Rd., Bartlett, IL 60103**

☐ **Check/Money Order – In person, drop-off, mail-in**

☐ **Credit Card – Fax-in, (630) 540-4869 (Call same day to verify that fax was received.), mail-in, drop-off, e-mail, and in person registration. Please complete the relevant information located to the right.**

Photographs and videos are taken to use for promotional purposes. By registering for a program or utilizing a park district facility or park you have granted us permission to use your image for promotional purposes.

**Card Number** _____

**Card Holder's Name** _____

**Expiration**_____ **CID#** _____

(3 numbers on back of card)

**Amount Charged $** _____

**Authorized Signature** _____

## Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s) you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Park District program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Park District and its officers, agents, servants, and employees.

3. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

4. I further agree to indemnify and defend the Park District and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).

5. In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I, the undersigned, have fully read and understand the above waiver and release of all claims.**
**If registering on-line or via fax, my on-line or facsimile signature shall substitue for and have the same legal effect as an orginal form signature.**

**Signature of Parent or Guardian** **Date**

**Signature of Participant (If 18 years or older)** **Date**

Payer's Last Name_____