

REGISTRATION FORM

Clarendon Hills Park District • 315 Chicago Avenue, Clarendon Hills, IL 60514

Please Print

Date: _____

Last Name: _____ First Name (Parent): _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Does the Participant have any allergies or medical conditions that we should be aware of? Y N If Yes, Please Explain _____

Code	Program Title	Participant's Name	D/O/B	Sex	Fee

"I would like to make a donation to the family scholarship program" \$5 \$10 \$25 Other _____

Payment Method: CHECK # _____ CASH CREDIT (Visa, Mastercard) Taken By _____ Date _____ **TOTAL**

Check here for individuals with special needs. The Clarendon Hills Park District does its best to accommodate those individuals with special needs. If you need any special assistance please inform us one week prior to the program.

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering and participating in this program/activity, you will be 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 this program/activity including transportation services when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, (including death), 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). 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 District and its officers, agents, servants and employees.

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

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting 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 of the program(s).

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

I have read this fully and understand the above Program details, Waiver and Release of All Claims and Permission to Secure Treatment.

THIS WAIVER MUST BE SIGNED BY ALL ADULTS 18 YEARS OLD AND OVER.

Signature of Participant or Parent/Guardian _____ Date _____ Print Name _____

It is mutually understood that a FAXED registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form. Our fax number is 630-323-5362. Payment is required to reserve a spot. This fax does not reserve you a spot until payment is received.

PHOTO/VIDEO POLICY

The CLARENDON HILLS PARK DISTRICT reserves the right to utilize names, photos and video footage of participants attending programs, activities and events, or utilizing District facilities and property for publicity purposes. You authorize the District to use these photos and video footage in District publications, advertising, marketing materials, brochures, event flyers, social media (including Facebook, YouTube, Instagram, Twitter and other social media sites operated by the District) and the District's website without additional prior notice or permission and without compensation to you. All photos and videos are the property of the District.

I request that the Clarendon Hills Park District NOT use the above referenced participant's name and photograph for publicity purposes.

RESIDENT PROGRAM IDEAS

Please list three recreation programs and/or events that you would like to see the Clarendon Hills Park District offer:

If you would like to discuss or clarify the programs you listed above, e-mail Kelly Smith, Superintendent of Recreation at kellys@clarendonhillsparkdistrict.org or call 630-323-2626.