

Registration Form

Family Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Please check one: No, this is not a new address Yes, this is a new address which has changed during the past 6 months.

Primary Phone: _____ Alternate Phone: _____

A.D.A. Statement: Park Ridge Park District intends to comply with the intent and spirit of the Americans With Disabilities Act. If you need special accommodations, please call 847-692-5127 so that we may make the necessary arrangements for you.

Yes, I have special disability needs. Name of Participant _____



PARTICIPANT'S FIRST NAME	ACTIVITY #	PROGRAM TITLE	2nd CHOICE (ACTIVITY #)	M/F	DATE OF BIRTH	FEE

NOTE: Program withdrawals are subject to a \$3 administrative fee.

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, 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 or being transported during any and all activities connected with and associated with this registration. I recognize and acknowledge that there are certain risks of physical injury as a participant in this program(s), 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 any programs or activities against the Park District and/or the Park Ridge Friends of the Parks, including their respective officers, agents, volunteers and employees. I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. I have read and fully understand this waiver and understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs.

Signature _____ Date _____

Subtotal
PRAIRIE DONATION
Account Credit
Total Enclosed

FOR OFFICE USE ONLY:

Total Paid \$ _____
Check # _____
Accepted by: _____
Date: _____

Method of Payment		Card # _____	Exp Date _____
<input type="radio"/> Cash <input type="radio"/> Check		Name _____	
<input type="radio"/> Credit Card		(as it appears on card)	
<input type="radio"/> Gift Card		Signature _____	

