



Dance Registration Form

www.streamwoodparkdistrict.org

630-483-3025



Payer's Name: (PARENTS)	Last	First
Address:		
City:	Zip:	
Home Phone:	Cell:	
Emergency Phone:	Contact:	
E-mail Address:		

For Office Use
Amount Entered into 6260-0
\$ _____ \$50 for 45 min. classes \$56 for all other classes
Dance Recital Transaction # _____

Child's Name:		Birth Date:	
Class Code (1)		Fee:	\$ _____ Day, Date & Time
Class Code (2)		Fee:	\$ _____ Day, Date & Time

Total	➔	\$ _____	1	
		<i>Skip to box #3 if only registering for 1 class</i>		
Minus \$35 ONLY if registering for 2 classes	➔	-\$35	2	
New Total	➔	\$ _____	3	
If you are <u>only</u> paying half add \$10 to the price of each class	➔	+\$ _____	4	
Balance Due	➔	\$ _____	5	
Today's Payment	➔	\$ _____	6	Date Paid Paid by:
Balance Due By February 11, 2008	➔	\$ _____	7	Date Paid Paid by:

Transaction Numbers-	(Office Use)	(Office Use)
CREDIT CARD INFO	# _____ - _____ - _____ - _____	Expiration Date ____/____
<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Discover		

Notes:

Carefully read this form and be aware that in signing up and participating in the Streamwood Park District Dance program, you will be waiving and releasing all claims for injuries you might sustain while participating in:

As a participant, I recognize that there are certain risks of physical injury and I agree to assume the full risks of any injury (including death), damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District officers, agents, servants and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injury (including death), damage or loss which may accrue to me by means of participation in the program (including transportation services and vehicle operations, when provided).

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages or losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

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 on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

X

Signature of adult (18 years or older) participant, or guardian

Date