

# Streamwood Park District Registration Form

PLEASE FILL IN ALL INFORMATION      [streamwoodparkdistrict.org](http://streamwoodparkdistrict.org)      Registration # 630-483-3025      Fax # 630-483-0562

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

**Americans with disabilities Act**      Please list special needs  
Special Needs?     Yes     No      \_\_\_\_\_  
Participant Name:      \_\_\_\_\_  
\_\_\_\_\_

**Method of Payment**       Cash  
**Fees due at time of**       Check # \_\_\_\_\_  
**Registration**       Gift Certificate  
*\*If registering by phone, fax or*       \*Credit/Debit  
*drop off, we will call you for your*      Visa/ Master/ Discover  
*credit card info.*      accepted  
**Do not write your credit card # on this form!**

How did you hear about us?     Brochure     Website     Flyers     Email Blast     Cool School News     Examiner     Other

Participant's Name	Age	Birth Date	M/F	Class Code	Program Name	Day & Date	Time	Fee



**IMPORTANT!**  
**PLEASE READ AND SIGN**  
**WAIVER BELOW**

Carefully read this form and be aware that in signing up and participating in the 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.

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 Waiver and Release of Claims.

**X** \_\_\_\_\_  
Signature of adult (18 years or older) participant, or guardian

<b>TOTAL DUE</b> ➔	
- gift cert./discounts if applicable ➔	
Check here to donate \$2 to the Streamwood Park District Foundation in support of Youth Programs. Thank you!	<input type="checkbox"/> +\$2
<b>TOTAL (after disc./gift cert.)</b>	

Date: \_\_\_\_\_  
Processed by: \_\_\_\_\_