

# Registration Form

## Part 1 • Family Information (please print clearly)

Family's Last Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Father: \_\_\_\_\_ Father's Work Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Mother's Work Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Head of Household's e-mail Address: \_\_\_\_\_

## Part 2 • Fill in 1st and 2nd choice programs for each participant (Please pay the higher of the two fees when including 2nd choice programs)

Participant's Name	Sex	Birthdate	Program	Code Number					Age	Fee	
	<input type="radio"/> M <input type="radio"/> F		1st choice								
			2nd choice								
	<input type="radio"/> M <input type="radio"/> F		1st choice								
			2nd choice								
	<input type="radio"/> M <input type="radio"/> F		1st choice								
			2nd choice								
	<input type="radio"/> M <input type="radio"/> F		1st choice								
			2nd choice								
	<input type="radio"/> M <input type="radio"/> F		1st choice								
			2nd choice								

Please describe any accommodation needed for your enjoyment of this program: \_\_\_\_\_

Credit Balances of \$10 or less will be applied to your account. **Total Fees = \$ \_\_\_\_\_**

## Part 3 • Signature

### Waiver and Release of All Claims - Must be signed or registration cannot be processed.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

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 such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participant in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). 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, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their children for publication in the program brochure, web site and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their children.

I have read and fully understand the program details and waiver and release of all claims.

Signature of Participant or Parent (If participant is under 18) \_\_\_\_\_

Date \_\_\_\_\_

## Part 4 • Fill in Charge Card Information

This section must be filled out if you are using VISA, Mastercard or Discover

Charge My:

Visa

MasterCard

Discover

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card holder (print name) \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## Part 5 • Return your form to the Park District

Mail in, Drop off or Fax it in!



Buffalo Grove Park District  
 530 Bernard Drive  
 Buffalo Grove, IL 60089-3351  
 Fax: (847) 459-5741