



# Open Gym ID Card Registration Form

First Card Free / Lost Card Replacement \$5

**\*\*\*ID is valid for three years and MUST be presented at each visit. No admittance to gym without ID card.\*\*\***

Resident: La Grange & Countryside       Non-Resident

### Family Information

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Emergency \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*\*\*Parent/guardian name required below with waiver signature on reverse side for players under 18 years\*\*\*

### FAMILY MEMBERS

			Age	Date ID Issued
Adult/Parent	Birthdate	Sex	_____	_____
Adult/Parent	Birthdate	Sex	_____	_____
Child	Birthdate	Sex	_____	_____
Child	Birthdate	Sex	_____	_____
Child	Birthdate	Sex	_____	_____
Child	Birthdate	Sex	_____	_____

### DAILY OPEN GYM FEES APPLY:

5-13 Years	\$2 / resident	\$4 / non-resident
14-18 Years	\$4 / resident	\$6 / non-resident
Adult 19+ Years	\$5 / resident	\$7 / non-resident

***BASKETBALLS AVAILABLE FOR USE ONLY  
WITH A PARK DISTRICT ID***

# Proof of Residency

La Grange/Countryside residents must show proof of residency at the time this form is turned in. A picture ID with name and address is required. Resident ID cards cannot be processed without proof of residency.

A parent/guardian signature is required for all ID cards issued to minors. A participant signature is required for all persons age 18 and older.

## WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries, 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.

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program 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, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

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, 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.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that I will be responsible for payment of all medical services rendered. I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature \_\_\_\_\_  
(Parent/Legal Guardian or Participant if over 18)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/Legal Guardian or Participant if over 18)

Date \_\_\_\_\_

***The Park District reserves the right to request proof of family relation/address for all household members***

### **For office use only:**

Registrar \_\_\_\_\_ Date processed \_\_\_\_\_ Residency Checked

ID Type  Resident  Non-Resident Form of residency shown \_\_\_\_\_