



Registration Form

Insert this form, along with your check or money order payable to the Community Park District and drop off or mail to the Community Park District, 1501 Barnsdale Road, LaGrange Park, IL 60526. To pay by cash or credit card, visit the front desk during normal business hours. Credit cards are also accepted for most programs through on-line registration at www.communityparkdistrict.org.

PRIMARY CONTACT		EMAIL ADDRESS			
ADDRESS			CITY		ZIP
1ST NUMBER TO CALL	CIRCLE: CELL HOME WORK	2ND NUMBER TO CALL	CIRCLE: CELL HOME WORK	3RD NUMBER TO CALL	CIRCLE: CELL HOME WORK
WOULD YOU LIKE TO RECEIVE TEXT ALERTS? YES NO IF YES, WHO IS YOUR CARRIER?					

Community Park District desires to meet the leisure needs of all our residents. We will do our best to accommodate requests.

1. Do you or a family member require special assistance? Yes No If Yes, please contact the office at 708-354-4580.
2. Are there any allergies the CPD needs to be aware of that would affect participation in class? Yes No
If Yes, please state allergies in writing and attach to the registration form.

PARTICIPANTS NAME	SEX	DATE OF BIRTH	AGE	PROGRAM NAME	SESSION (IF APPLICABLE)	FEE

PHOTO INFORMATION

On occasion, the park district staff or local newspaper photographers may take pictures of participants in our programs, classes or events. Please be aware that these pictures are only for Park District use, most likely in future catalogues, brochures, pamphlets, flyers, or for publication in a local newspaper including Facebook.

IMPORTANT INFORMATION

The Community Park District is committed to conducting its recreation program and activities in a safe manner and holds the safety of participants in high regard. The Community Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participant must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to outdoor and indoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Community Park District to guarantee absolute safety.

Total Due _____

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 this program/activity, 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 any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the risk of any and all injuries, damages or loss regardless of severity, that my child/ward or I sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Community Park District, including its officials, agents, volunteers, and the employees (herein collectively referred as Community Park District of LaGrange Park).

I do hereby fully release and forever discharge the Community Park District from any and all claims for injuries, damages, or loss that minor child/ward or I may have or which may accrue to my child/ward or me and arising out or connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Signature _____

(If under 18 years of age, this form must be signed by a parent or guardian)

Date _____

Receipt # (For office use)
