



# PROGRAM REGISTRATION FORM

ADMINISTRATIVE & LEISURE CENTER

2222 Birch Street • Des Plaines, IL 60018 • P: 847-391-5700 • F: 847-391-5707

[www.desplainesparks.org](http://www.desplainesparks.org)

Household Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is this your family's first time registering for a program?  Yes  No

If Yes, please attach a copy of your Proof of Residency. Attached?  Yes  No

American with Disabilities Act Need Accommodation  Yes Name of Participant: \_\_\_\_\_

**In order to process your registration, we require a signed waiver with payment.**

| Activity #                                                                     | Program Name | Time/Day | Participant Name | M/F                          | Birth Date                   | Fee      | Office |
|--------------------------------------------------------------------------------|--------------|----------|------------------|------------------------------|------------------------------|----------|--------|
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| 2nd Choice                                                                     |              |          |                  |                              |                              |          |        |
| Yes, I would like to donate to the Des Plaines Park District Scholarship Fund. |              |          |                  | <input type="checkbox"/> \$1 | <input type="checkbox"/> \$5 | Total \$ |        |

Credit Card Payment (circle one): Visa MasterCard Discover

Account #:

Exp. Date:

Cardholder Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

The Des Plaines Park District reserves the right to change payment amount to reflect the correct fee.

**Release & Hold Harmless Waiver**

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s). I agree to waive and relinquish all claims that I may have as a result of participating in the program(s) against the Des Plaines Park District and its officers, agents, servants and employees. I do hereby release and discharge the Des Plaines Park District and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which may accrue to me on account of my participation in the program(s), including transportation services and vehicle operations, when provided. I further agree to indemnify and hold harmless and defend the Des Plaines Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the above Program Details and Waiver and Release of all Claims. Waiver must be signed by participant(s) or their legal guardian. Facsimile signature will be considered as original by the District.

Participant(s): \_\_\_\_\_ Parent/Guardian, if under 18: \_\_\_\_\_