REGISTRATION FORM

11500 S. Beloit Ave., Worth, IL 60482
Phone: (708) 448-7080 FAX: (708) 448-4079

Resident ..... ☐
Non-Resident..... ☐
Date _____

First Name _____ Last Name _____

Address_____ City_____ State _____ Zip_____

Home Ph: _____ Cell Ph: _____ Emergency Ph: _____

Email _____ ☐ Check If Address Change ☐ Check If Phone# Change

**** Fill in all appropriate spaces. Missing information will delay your registration.***

Participant's Name	M/F	Grade	Birthdate	Code	Program Name	Fee

T-Shirt Size: Child ☐**YS** ☐**YM** ☐**YL** **Adult** ☐**S** ☐**M** ☐**L** ☐**XL** ☐**2XL**

$

Total Due

Payment Type: *Select One*

☐Cash ☐Check# _____ Credit Card: ☐MasterCard ☐Visa ☐Discover CC Initials _____

Card# | | | | | | | | | | | | | | | | |

Exp. Date | | | | |

☐ **Please check here if you or your child needs any special accommodations to participate in this program (medication, special needs, etc.) A supervisor will contact your home number one week prior to the program.**

WAIVER AND RELEASE OF ALL CLAIMS

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

I recognize 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(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Worth Park 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, damages 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 or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. 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's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I also give my permission for any photographs/videos of me/my child/ward taken by the park district at a park-district program to be used for park district publicity purposes. I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

SIGNATURE: _____ _____

(Signature of parent/guardian, or adult participant 18 years or older) **Date**