



St. Charles Park District Registration Form

8 North Ave., St. Charles, IL 60174 • 630-513-6200 • Fax 630-513-9304 • eMail: registration@stcparks.org

Complete all information neatly and carefully.

| | |
|---------------------|--|
| FOR OFFICE USE ONLY | |
| Received By _____ | |
| Date _____ | |

Main Contact - Last Name _____ First Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ - _____ - _____ Secondary Phone _____ - _____ - _____ E-mail _____

Please list any physical or other limitations, allergies, special medication or additional conditions that may affect program/activity participation. If special accommodations are needed, allow 2 weeks prior to the start of the program.

| Participant's Name First & Last | Birth Date | Sex | Activity # | Activity Name | Fee <i>(if applicable)</i> | T-Shirt Size | 2 nd Choice Activity # | 2 nd Choice Activity Name |
|------------------------------------|------------|---|------------|---------------|-------------------------------|-----------------|--------------------------------------|--------------------------------------|
| | __/__/__ | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | |
| | __/__/__ | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | |
| | __/__/__ | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | |
| | __/__/__ | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | |
| | __/__/__ | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | |

TOTAL FEE: _____

Liability Waiver Form

You are solely responsible for determining if your minor child/ward or you 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, injury or impairment, to consult a physician before undertaking any physical activity.

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 your minor child/ward or you might sustain as a result of participating in any and all activities connected with and associated with this program/activity including transportation services, when provided.

Waiver & Release of All Claims and Assumption of Risk

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 full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have or accrue to my child/ward or me as a result of participating in this program/activity against the St. Charles Park District, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the St. Charles Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any way associated with this program/activity.

Signature of Participant or Parent/Guardian _____ Date _____

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.

PHOTOS: I understand that my child/ward or I may be photographed or videotaped while participating in a St. Charles Park District program or event. I give permission for photos and video of my child/ward or me to be used to promote the St. Charles Park District. Such photos/video will remain the property of the St. Charles Park District. Please call 630-513-6200 with any questions.

RESIDENCY RATE DISCLAIMER: Residency rates apply to anyone who lives within the St. Charles Park District boundaries. Final determination of residency will be made when processed by the Business Department, not at time of purchase.

NOTE: Credit card payment is required for FAX and eMail registrations. It is mutually understood that the FAX or eMail registration document (including the Waiver & Release of all Claims) shall substitute for and have the same legal effect as the original form.

Check # _____ (check one)     Cardholder Name _____ Charge Amount _____

Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____ / ____ CVV# _____ Signature _____