



Office Use Only

# Santa Trolley Registration

*Sunday, December 15, 2019*

In accordance with the Americans with Disabilities Act, please use reverse side of this sheet to describe any accommodation needed to take part in the program.

Is this your household's first time registering for a program at the Park District?  Yes  No  Not Sure

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

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Ph:( ) \_\_\_\_\_ Work Ph:( ) \_\_\_\_\_ Cell Ph:( ) \_\_\_\_\_

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

Emergency Contact & Relationship: \_\_\_\_\_ Emergency Ph:( ) \_\_\_\_\_

**Fee is per person: \$20/residents, \$25/non-residents.**

Participant Name	Date of Birth	Fee
1		
2		
3		
4		

Participant Name	Date of Birth	Fee
5		
6		
7		
8		

Please select your preferred time to participate in the event. If multiple times are available for your group, please select them all! While we do try to accommodate your selection, all time slots are filled on a first come, first served basis and cannot be guaranteed.

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_

Payment:  Check  Cash  Credit

Account Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Amount of Charge \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Check amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \$ \_\_\_\_\_

*Check or Money Order payable to: Park District of Oak Park*

*Mail to: Ridgeland Common Recreation Complex* **DO NOT MAIL CASH**  
 415 Lake Street, Oak Park, IL 60302  
 Fax to: 708-725-2301 (Must include credit card information when faxing)

- 9:15-10:45 (#462008-07)  2:15-3:45 (#462008-12)
- 10:15-11:45 (#462008-08)
- 11:15-12:45 (#462008-09)
- 12:15-1:45 (#462008-10)
- 1:15-2:45 (#462008-11)

*Please note: No refunds will be issued for this program.*

**Release And Hold Harmless Agreement** For insurance purposes, we require a signed waiver.

Please read this form carefully and be aware that in signing up and participating in the program(s), you will be waiving and releasing all claims for injury you might sustain arising out of this program (including transportation services, when provided). 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 I may have as a result of participating in the program(s) against the Park District of Oak Park and its officers, agents, servants, and employees. I do hereby release and discharge the Park District of Oak Park and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the program(s). I further agree to indemnify and hold harmless and defend the Park District of Oak Park 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 Release of all Claims. Waivers MUST be signed by participant(s)' legal guardian. Facsimile signatures will be considered as original by the District.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_