



PARK DISTRICT
of OAK PARK

REGISTRATION FORM

Office Use Only

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: _____ Please add me to your E-News list!

Emergency Contact Name & Relationship: _____ Emergency Contact Ph: () _____

Participant Name	Gender	Date of Birth	School Grade	Activity Code # or Pass Code	Program or Pass Name	Fee
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
Yes, I would like to donate to the Park District of Oak Park Scholarship Fund! <input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> \$Other (write in amt):						
Total						

In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of the programs above:

Name of Participant: _____

MAIL, FAX OR DELIVER COMPLETED FORM TO:
Park District of Oak Park
415 Lake Street, Oak Park, IL 60302
Fax: (708) 725-2301
(registration also available at the GRC, 21 Lake St)

PAYMENT INFORMATION	DO NOT MAIL CASH!
<input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Cash (in person only) <input type="checkbox"/> Credit Card
If credit, select card: <input type="checkbox"/> <input type="checkbox"/> VISA <input type="checkbox"/> <input type="checkbox"/> DISCOVER	
Account Number _____	
Cardholder Name _____	
Expiration Date ____/____ / ____ Amount of Charge \$ _____	
Authorized Signature _____	

RELEASE AND HOLD HARMLESS AGREEMENT *For insurance purposes, Park District programs/activities require a signed waiver. Photocopies of this sheet accepted!*

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 (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: _____