

# Registration Form



Please fill out all 5 parts of this form carefully.  
Incomplete or inaccurate information will delay your registration.

#1 FILL IN INFORMATION ON THE FAMILY	
Family's Last Name: _____	
Address: _____	
City: _____	Zip: _____
Home Phone #: _____ (    )	
Alternate Phone #: _____ (    )	Description of Alternate Phone #: _____
Name of Father: _____	Father's Work #: _____ (    )
Name of Mother: _____	Mother's Work #: _____ (    )

#2 WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK
<p>Please read this form carefully and be aware that in signing up and participating in the below identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services and vehicle operations, when provided).</p> <p>I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Dundee Township Park District including its officials, agents, volunteers and employees.</p> <p>I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.</p> <p>Participant's Name _____</p> <p>Participant's Signature _____ Date _____ (18 years or older or Parent/Guardian)</p> <p><b>PARTICIPATION WILL BE DENIED</b> if the signature of adult participant or parent/guardian and date are not on this waiver.</p>

Email address: \_\_\_\_\_

### #3 FILL IN 1st & 2nd CHOICE PROGRAMS FOR EACH PARTICIPANT

Participant's Name	Sex	Birthrate	Program Name	Sibling	Code Number	Age	Fee
			1st choice				
			2nd choice				
			1st choice				
			2nd choice				
			1st choice				
			2nd choice				
			1st choice				
			2nd choice				
			1st choice				
			2nd choice				

**ADA COMPLIANCE:** Please notify staff at time of registration if you require special accessibility or accommodations for your participation in these programs.

Total Fees: _____
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### #4 FILL IN CHARGE INFORMATION. (not necessary if paying by check or cash)

<b>VISA</b> <b>MasterCard</b> <b>Discover</b> <b>Amer. Exp.</b> (circle one)	Card Number _____	Expiration _____
	Amount of Payment _____	
	Authorized Signature _____ <b>X</b>	

### #5 RETURN FORM TO THE PARK DIST.

<p><b>Mail In, Drop Off or Fax:</b></p> <p>Dundee Township Park District 665 Barrington Ave. Carpentersville, IL 60110 <b>FAX: 847-836-2380</b></p>
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