

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>PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.</p>

Email address: _____

Yes, I would also like to receive the E-Newsletter via email. No, not at this time.

Participant's Name	Sex	Birthdate	Activity Name	Activity Number	Age	Fee

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

Total Fees:

#3 FILL IN CHARGE INFORMATION. (not necessary if paying by check or cash)

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

#4 RETURN FORM TO THE PARK DIST.

Mail In, Drop Off, Fax or Online:
 Dundee Township Park District Rakow Center
 665 Barrington Ave.
 Carpentersville, IL 60110
FAX: 847-836-2380
Website: www.dtpd.org