



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
<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, 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 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 do hereby fully release and forever discharge the Dundee Township 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 me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.</p> <p>I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.</p>
<p>Signature of Participant or Parent/Guardian</p>
<p>Date</p>

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

Participant's Name	Sex	Birthdate	Program Name	Sibling	Code Number	Age	Fee
			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:

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

VISA MasterCard Discover (circle one)	Card Number	Expiration
	Amount of Payment	
	Authorized Signature	

#5 RETURN FORM TO THE PARK DIST.

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