



# Registration Form

Please fill out this form carefully. Incomplete or inaccurate information will delay your registration.

Resident

Nonresident

Family's Last Name: _____ Address: _____ City, Zip: _____ E-Mail Address: _____	Home Phone #: _____ (      ) Cell Phone #: _____ (      ) Name of Father: _____ Father's Work #: _____ (      ) Name of Mother: _____ Mother's Work #: _____ (      )
<p><b>WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK</b>          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</p>	
<p>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>	
Participant's Name _____	Participant's Signature _____ (18 years or older or Parent/Guardian)
Date _____	
<p><i>PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.</i></p>	

Participant's Name	Sex	Birthdate	Program Name	Program 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: \_\_\_\_\_

## FOR MAIL AND FAX ONLY

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

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

## 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**

Randall Oaks Recreation Center  
 500 N. Randall Rd., West Dundee, IL 60118  
**FAX: 847-428-4880**

**Website: www.dtpd.org**