



# Funshine Treehouse 2019-2020 School Year Registration Form

Please fill out this form carefully. Incomplete or inaccurate information will delay your registration.  
**Registration continues until classes are filled.**

- Priority Registration Begins**  
(Current Students & Alumni Families)  
Saturday, January 12, 2019
- Resident Registration Begins**  
Saturday, January 19, 2019
- Nonresident Registration Begins**  
Saturday, January 26, 2019

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 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 via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.</p>	
Participant's Name _____	Participant's Signature _____ <small>(18 years or older or Parent/Guardian)</small> Date _____
<small>PARTICIPATION WILL BE DENIED if the signature of a parent/guardian and date are not on this waiver.</small>	

**Fill in 1st & 2nd Choices to better your chances for getting into a preschool class. One choice will not guarantee your spot.**

Participant's Name	Sex	Birthdate	Sibling	Program Number	Age	Fee

**PAYMENT:** Complete the Automatic Credit/Debit Authorization Form.

A payment plus a \$40 nonrefundable yearly registration fee per child are required upon registration.

**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. Cash and checks will no longer be accepted for this program.**

(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 DISTRICT

**Mail In, Drop Off or Fax:**  
 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**