

REGISTRATION FORM

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Please print and fill out this form completely

7301 Fairview Ave • Darien, IL 60561 • Tel (630) 968-6400 • Fax (630) 968-7844

Family Last Name _____ First Name of Adult completing this form _____

Address (Street) _____

City _____

Zip Code _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

E-mail Address _____

Code Number	Activity Name	Fee	Participant's Name	Sex F/M	Birthdate
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

Total amount due: \$ _____

<p>Method of Payment (Check one)</p> <p>Cash _____</p> <p>Check _____ Check # _____</p> <p>Charge card _____ </p>	<p>This section must be filled out if you are using VISA, MASTER CARD or DISCOVER</p> <p>Fill in card number below</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Cardholder's Name _____</p> <p>Expiration Date _____ Amount _____</p> <p>Authorized Signature _____ CVV _____</p>																				

The fee code used in this brochure is as follows: **(R) - Residents of the Darien Park District** **(NR) - Non-residents**

Refunds will not be issued after the first class meeting unless the Park District receives a written certificate from a physician, or the registrant moves from the Park District boundaries. For programs cancelled by the Park District, participants will received a full refund. A \$5.00 service charge will be deducted from all refunds except when a medical excuse is presented or the Park District cancels a program.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the programs listed below, 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 these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 against the Darien Park District, including its officials, agents, volunteers and employees.

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.

The undersigned hereby releases and agrees to indemnify and hold harmless all of said parties above in regards to person or persons the undersigned includes or invites to participate with them in any activity.

Permission to photograph participants is authorized by your signature on this waiver

By signing this waiver, I understand that my child or I may be photographed at any Darien Park District program, even or facility. I give permission for photographs of my child or me to be used to promote the park district through press releases, brochures, and other promotional materials. Such photographs will remain the property of the Darien Park District. Please tell the instructor & photographer if you do not want to be photographed.

Signature of parent, adult participant (18 years or older or Parent/Guardian)

Date

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.