

Registration Form

Alsip Park District

Family Name _____ Address _____
 City _____ State _____ Zip _____
 Home Phone(____) _____ Work Phone(____) _____ Emergency Phone(____) _____
 Emergency Contact _____ Relationship to Family _____
 Do you have any special needs or require any Accommodations? _____

First Name <small>(indicate last name if different)</small>	Gender	Date of Birth	Grade	Activity #	Session #	Program Title	Day/Time	Location	Fees
Total Paid									\$

FAX TO: 708-389-1529
 MAIL TO: Alsip Park District
 12521 S. Kostner
 Alsip, Illinois 60803

Visa _____ Mastercard _____ Discover _____ Cardholder # _____ Cardholder Name _____ Exp. Date _____ Amount Charged _____ Authorized Signature _____

Are you interested in being a volunteer coach for one of our Youth Sport Programs? Yes No

For Office Use Only _____ Cash _____ Check _____ Charge Date Rec'd _____ Check # _____
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Participant Shirt Size _____

IMPORTANT INFORMATION

The Alsip Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of the participants in high regard. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for any program or activity must recognize that there is an inherent risk of injury when choosing to participate in any recreational activity.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. Always advisable, especially if the participant is pregnant, disabled in any way or has suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or other officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND PHOTO/VIDEO AUTHORIZATION

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all claims for 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 minor child/ward) as a result of participating in this program/activity against the Alsip Park District, including its officials, agents, volunteers and employees.

I further authorize and give my consent to the Alsip Park District to photograph/video my child (or me), and without limitation, to use such photographs/videos in connection with promoting the services, programs, and facilities of the Alsip Park District, without consideration of any kind.

I have read and fully understand the above important information, warning of risk, waiver and release of all claims, and photo/video authorization. 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.

PLEASE PRINT Participant's Name _____

Participant's Signature _____ Date _____

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED If the signature of adult or/parent/guardian and date are not on this waiver.
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