

registration@epd.org

## **REGISTRATION FORM**



Part 1: YOUR INFORMATION					
Family's Last Name:	Main Contact	Main Contact Full Name:			
Address:	City & Zip:	City & Zip:			
Main Contact Phone: ()	Emergency Pl	Emergency Phone: ()			
E-mail Address:	Check here if	☐ Check here if there are changes to contact information			
Part 2: REGISTRATION FOR EACH PARTICIPANT					
PARTICIPANT'S NAME	BIRTH DATE GENDE	R PROGRAM CODE	PROC	GRAM NAME	PROGRAM FEE
					\$
					\$
					\$
					\$
					\$
PEOPLE FOR ELMHURST PARKS FOUNDATION (a 501(c)3) I would like to donate to provide scholarships to Elmhurst Park District residents with financial need to participate in Park District programs.   \$5 Donation \$20 Donation \$0 Other Donation \$					
SPECIAL ACCOMODATIONS: Special accommodation requests are processed by the Inclusion Services Manager, please call (630) 993-8676.  **TOTAL**					
Part 3: WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK					
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 above, you will be expressly assuming the risk and legal liability and waiving and releasin 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 programs/activities connected with and associated with thes programs (including transportation services/vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in thes 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 sai 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 agains the Elmhurst Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Elmhurst Park District"). I do hereby fully release and forever discharge the Elmhurst 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 and arising out of connected with, or in any way associated with these programs/activities. By signing, you signify that you have read and fully understand the above important information, warning of risl assumption of risk and waiver and release of all claims. If registering online, your online signature shall substitute for and have the same legal effect as an original form signature. After reading the above information, please sign and date the Registration Form.  PHOTO POLICY: The Elmhurst Park District reserves the right to photograph or videotape participants in Park District programs, facilities or parks for the District's promotional use in					
Participant Name(s) Signature (18 years or older, or pare			der, or parent or gu	ardian)	Date
Part 4: METHOD OF PAYMENT					
☐ Cash ☐ Check# (Made out to Elmhurst Park District)  Credit Card: ☐ Visa ☐ MasterCard ☐ Discover (If paying by credit card, do not email form, it is not a secure method of transmission)					
Cardholder Name: We will contact you for payment information (Credit Card #). Please still sign for authorization of payment.				Amount: \$	
Credit Card Number:				Expiration Date:	
Cardholder Signature:			Secu	Security Code:	
EMAIL		ONLINE		Questions? Please email.	

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