

Part 1: YOUR INFORMATION

Family's Last Name: _____

Main Contact Full Name: _____

Address: _____

City & Zip: _____

Main Contact Phone: (____) _____

Emergency Phone: (____) _____

E-mail Address: _____

Check here if there are changes to contact information

Part 2: REGISTRATION FOR EACH PARTICIPANT

PARTICIPANT'S NAME	BIRTH DATE	GENDER	PROGRAM CODE	PROGRAM 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 \$10 Donation \$20 Donation 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 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 programs/activities connected with and associated with these programs (including transportation services/vehicle operations, when provided). 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 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 or 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 risk, 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 including its electronic media, brochures, flyers and other publications without additional prior notice or permissions and without compensation.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date is not on this waiver.

I have read and fully understand the important information, warning of risk, assumption of risk and waiver and release of all claims on this form.

Participant Name(s) _____

Signature (18 years or older, or parent or guardian) _____

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: _____

Amount: \$ _____

Credit Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Security Code: _____

MAIL-IN / WALK-IN	ONLINE	Questions? Please call.
Wagner Community Center 615 N. West Avenue Elmhurst, IL 60126	Courts Plus 186 S. West Avenue Elmhurst, IL 60126	Wagner Community Center (630) 993-8900 Courts Plus (630) 833-5064