

# Register

## SECTION A (PLEASE PRINT) FILL IN THE INFORMATION FOR HEAD OF HOUSEHOLD \*REQUIRED FOR PROCESSING

\* Parent Guardian Name \_\_\_\_\_ \* Home Phone \_\_\_\_\_  
 \* Address \_\_\_\_\_ \* Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ \*Email Address \_\_\_\_\_

FOR OFFICE USE ONLY RECEIPT# \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

## SECTION B (PLEASE PRINT) PROGRAM PARTICIPANT INFORMATION

CLASS ID#	PROGRAM NAME	PARTICIPANT (FIRST & LAST NAME)	SEX	BIRTHDAY (MO/DAY/YR)	GRADE	PROGRAM FEE

### Americans with Disabilities Act

The Roselle Park District intends to comply with the intent and spirit of the Americans with Disability Act. If you need any special accommodations the park district will make all reasonable efforts to accommodate you. Please call the park district at (630) 894-4200 to make arrangements. Americans with Disabilities Act Special Needs?

Yes  No

NON RESIDENT FEE: \$

BASIC FITNESS ID# \_\_\_\_\_

TOTAL FEES: \$

## SECTION C SIGN THE WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program/programs (including transportation services and vehicle operations, when provided). "I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above program(s). I waive and relinquish all claims I or my children may have against the Park District and its officers, agents, servants and employees as a result of participating in any of the above programs. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation of the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). "I understand that unless specifically stated in writing at the time of registration, photographs of participants may be taken and used for promotional purposes." Registration will be accepted by mail or fax. You mail your form to the Roselle Park District or send by facsimile transmission to (630) 894-5610. When registering by online or via fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form. "I have read and fully understand the above program, details and waiver and release of all claims."

### SIGNATURE REQUIRED PARTICIPANTS SIGNATURE (18 YEARS OR OLDER OR PARENT/GUARDIAN) DATE

REGISTRATION MUST BE SIGNED AND ACCOMPANIED BY FULL PAYMENT TO BE PROCESSED.

WHEN REGISTERING FOR AN ADULT PROGRAM, EACH ADULT MUST SIGN WAIVER-----.

Visa  MasterCard Name on Card \_\_\_\_\_ Last 3 digits on back of card \_\_\_\_ \_  
 Cash  \*Check # Credit Card # \_\_\_\_\_  
 Discover \*PAYABLE TO ROSELLE PARK DISTRICT  
 Authorized Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_