

REGISTRATION FORM



HEAD OF HOUSEHOLD INFORMATION - PLEASE PRINT

Parent/Guardian Name: _____ Primary Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Secondary Phone: _____

PAYMENT INFORMATION

Payment Method: Visa Discover Mastercard Cash *Check *Checks are payable to Roselle Park District

Credit Card Number: _____ Card Expires: _____

Name on Card: _____ Signature: _____

ID# NUMBER	PROGRAM NAME	PARTICIPANT'S FIRST & LAST NAME	SEX	BIRTHDAY (XX/XX/XX)	GRADE	PROGRAM FEE

Americans with Disabilities Act Special Needs?

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 (630) 894-4200 to make arrangements. YES NO

NON RESIDENT FEE

\$

TOTAL FEE

\$

WAIVER AND 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(s) (including transportation services and vehicle operations, when provided). "I recognize and acknowledge that there are certain risks of physical injury to participate 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 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 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; 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 understand that I am expected to follow all District policies and regulations including Covid-19 related guidelines while participating in District programs or using District facilities including but not limited to, wearing a mask when inside any Park District facility and keeping a 6 foot minimum distance between individuals who are not members of your household. A complete listing of the Covid-19 guidelines can be found at [rparks.org](https://www.rosellepark.org/rparks.org).** "I have read and fully understand the above program details and waiver and release of all claims."

Signature: _____ Date: _____

PLEASE RETURN YOUR FORM TO:

Clauss Recreation Center - Roselle Park District, 555 W Bryn Mawr Ave. Roselle, IL 60172

OR REGISTER ONLINE AT [RPARKS.ORG](https://www.rosellepark.org/rparks.org)