



# Registration Form

## LOTTERY DEADLINE: Noon, December 17, 2009

For Lottery information, please see page 77.

Office Use Only

Is this your household's first time registering for a program at the Park District?  Yes  No  Not Sure

Household Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: ( ) \_\_\_\_\_ Work Ph: ( ) \_\_\_\_\_ Cell Ph: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_ Emergency Contact Ph: ( ) \_\_\_\_\_

Participant Name	Gender	Date of Birth	School Grade	Activity Code #	Program Name	Fee
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		
				First Choice ----- Alternate		

Payment Method:  VISA  MasterCard  Check  Cash

Account Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Charge \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Check # \_\_\_\_\_ Check amount: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_

For insurance purposes, Park District programs and activities require a signed waiver. We will accept photocopies of this sheet!

### RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program (including transportation services, when provided). As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s). I agree to waive and relinquish all claims I may have as a result of participating in the program(s) against the Park District of Oak Park and its officers, agents, servants, and employees. I do hereby release and discharge the Park District of Oak Park and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the program(s). I further agree to indemnify and hold harmless and defend the Park District of Oak Park and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the above Program Details and Waiver Release of all Claims. Waivers MUST be signed by participant(s)' legal guardian. Facsimile signatures will be considered as original by the District.

Yes, I would like to donate to the Park District of Oak Park Scholarship Fund.  
 \$1  \$5  Other (write in amount) \_\_\_\_\_

Check or Money Order payable to: Park District of Oak Park  
 Mail to: Park District of Oak Park, 218 Madison Street, Oak Park, IL 60302 **DO NOT MAIL CASH!**  
 Fax to: (708) 383-5702 (Must include credit card information.)

**Total** \_\_\_\_\_

In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of the programs above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Participant: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_