Registration Form

URBANA PARK DISTRICT — You belong here.

505 W. Stoughton Ave • 217-367-1544

(Please Print)

Adult Contact _____ **Adult Contact Birthdate** _____

Address _____ **City** _____

State _____ **Zip** _____ **Email** _____

Home Phone (____)_____-_____ **Work Phone** (____)_____-_____ **Cell Phone** (____)_____-_____

Emergency Phone (____)_____-_____ **Emergency Contact's name** _____

Special needs, food allergies, etc . _____

ADA Information - Please complete if you need accommodation in accordance with the American with Disabilities Act.
Late notification of a needed accommodation request may result in delay of participation.
Accommodation needed:_____

_____

I have read and agree to the terms contained in the *Waiver and Release of Claims* on the reverse side.

_____ _____

Adult Signature ***Date***

Participant Name (First, Last)	**Birthdate** mm/dd/yy	**Gender**	**Grd**	**Code**	**Program**	**Fee**	**Office Use**

I would like to contribute $ ____ to the Park District's Scholarship Fund.

Total

FOR OFFICE USE: F P M I R/NR MCID: _____

Taken by: _____ Date received: _____

Entered by _____ Date entered: _____ Email Print

Amount $ _____ TPB: _____ TPB MCID: _____

Check: _____ Cash CC: Amex V M D

Waiver and Release of All Claims

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 injuries, damages or loss regardless of severity that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s). In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or any minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

A cancellation fee may be charged if you cancel a class or program.

There will be a $25 service charge on all returned payments.