

# registration

Registration will be delayed if this form is incomplete. Please print.

It is mutually understood that a FAXED registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form. **Our fax number is 708-481-8735.** Payment is required to reserve a spot. This fax does not reserve you a spot until payment has been received.

Resident  Subdivision \_\_\_\_\_ Non-resident

Household Name: \_\_\_\_\_ First Name (Parent): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Does the Participant have any allergies that we should be aware of? Y N Name: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Check here for individuals with special needs. The Olympia Fields Park District does its best to accommodate those individuals with special needs. If you need any special assistance, please inform us one week prior to the program.

Code Number	Program Title	Participant's Name	Date of Birth	Sex (M/F)	Age	Grade	Fee

I would like to make a donation to the family scholarship program. \$5      \$10      \$15      \$20      other \_\_\_\_\_

R / NR    Receipt Number: \_\_\_\_\_    Taken By: \_\_\_\_\_    Date: \_\_\_\_\_    Total Amount: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_    Taken By: \_\_\_\_\_    Date: \_\_\_\_\_    Total Amount: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_    Taken By: \_\_\_\_\_    Date: \_\_\_\_\_    Total Amount: \_\_\_\_\_

Olympia Fields Park District uses photographs in programs and special events to inform others of the many recreational opportunities available in our community. We do not use identification in our brochure. If you do not wish to have your picture taken, please inform the photographer. The Park District does not control newspaper photographers or others who may photograph program participants.

Waiver and Release of All Claims and Assumption of Risk for Olympia Fields Park District

Please Read this Form Carefully and be aware that in signing up and participating in the above identified programs/activities, 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 activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any 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 this program/activity against the District, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties 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/ward and arising out, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above important information, warning or risk, assumption of risk, and waiver release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

The Park District reserves the right to dismiss a participant from a program if their behavior or language is deemed inappropriate by staff.

Total Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Cash    Check    Credit  
 I give my permission to charge the enclosed total to my  
 \_\_\_ Visa      \_\_\_ MasterCard  
 Account Number \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 \*Please note: Any and all rules of the Olympia Fields Park District regarding program refunds will apply to my credit card charges.

- Refund Policies
1. In the event a program, trip, or event is cancelled by the Park District, each registered participant will be notified and a full refund will be available within 30 days.
  2. A \$5 administration fee will be assessed on all refunds requested by the participant. Refunds requested for all programs (excluding trips) must be requested prior to the second class meeting. Refunds will not be approved past the start of the second class meeting. Refunds will be available within 30 days. Checks to be picked up in office.
  3. No refunds will be given for trips past the registration deadline date - unless there is a waiting list and someone can take the place from that waiting list.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (if under 18 years of age, parent/legal guardian must sign): \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (if under 18 years of age, parent/legal guardian must sign): \_\_\_\_\_