CHICAGO RIDGE PARK DISTRICT REGISTRATION FORM

Family Name:		Address:									
City:		State:				Zip:					
Home Phone: (Work Phone: ()			Emergency Phone: ()			
Email Address:	ess:			@				Yes, email the brochure to me!			
Emergency Contact:	Relationship To Family:										
Do you have any specia	al needs o	r require any	accommo	dations	s?						
What age group would you like to see more classes and programs?			2 & Under		3-5 Years	П	6-9 Years	10-17 Years	Adult	Senior	
First Name Gender Date of Birt			Session #	Session # Program Title				Start Date	Time	Fee	
									TOTAL DAID		
									TOTAL PAID		
PAYMENT TYPE: CASH CHECK #						CREDIT CARD STAFF INITIALS					
The Chicago Ridge Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of the participants in high regard. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for any program or activity must recognize that there is an inherent risk of injury when choosing to participate in any recreational activity. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities comtemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. WARNING OF RISK											
Recreational activities are int instruction, medical advice, of foreseen. Depending on the carelessness, horseplay, unsp risks inherent to the particular	conditioning a particular act portsmanlike	and equipment, the tivity, certain risk conduct, premise this regard, it is i	here is still a r s, dangers an es defects, ina impossible fo	il, menta risk of se d injurie adequate r the Par	al and emotio crious injury w s may exist d e or defective ck District to g	nal re /hen ¡ ue to equi; uarar	participating in any i inclement weather, pment, inadequate s	recreational activity slips and falls, poor supervision, instruc	 All hazards and danger skill level or condition 	gers cannot be ning,	
Please read this form carefull and releasing all claims for in associated with this program I recognize and acknowledge claims for injuries, damages of claims I or my minor child/wa including its officials, agents,	juries, damag /activity (incl that there ar or loss, regard ard may have	ges or loss which uding transporta re certain risks of dless of severity, a (or accrue to me	you or your n ion services, v physical injur that my mino	ninor chi when pro ry to pari or child/v	ild/ward migh ovided). ticipants in th ward or I may	nt sus iis pro susta	tain as a result of pa ogram/activity, and l ain as a result of said	rticipating in any a voluntarily agree t participation. I fur	nd all activities connectors of assume the full risk of their agree to waive as	of any and all	
I further authorize and give n connection with promoting t	-		_			-			o use such photograpl	ns/videos in	
I have read and fully undersomy facsimile signature shall		=		_				, and photo/video	authorization. If regis	stering via fax,	
PLEASE PRINT:					PARTIC	PARTICIPATION WILL BE DENIED if the signature of adult or parent/guardian and date are not on this waiver.					
									SOC		

SIGNATURE: