



PROGRAM REGISTRATION FORM

How did you hear about these programs?

The Examiner Email Blast Website Seasonal Brochure
 Other _____

www.SPDCARES.com
 Phone: 630.483.3025
 Fax: 630.483.0562
 registration@spdcare.com

PROGRAM PARTICIPANT INFORMATION

| Participant Name (First & Last) | Class Code | Program Name | M/F | Birthdate | Age | Fee |
|---------------------------------|------------|--------------|-----|-----------|-----|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|--|------------------|
| Americans With Disabilities Act | Gift Certificate |
| Participant's Name: | Donate \$2? |
| Please describe accommodations needed. 2 weeks notice is required. | Total Fees |

Your donation of \$2 goes towards the Streamwood Park District Scholarship Fund.

METHOD OF PAYMENT

| | | |
|-------------------------------|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Check/Money Order #: |

Fees are due at the time of registration **Staff Initials:**

PARENT/GUARDIAN/PAYER'S INFORMATION (Please print. Required for processing)

| | |
|-------------------|------------|
| Name (Last/First) | Home Phone |
| Address/City/Zip | |
| Email Address | Cell Phone |
| Emergency Contact | Phone |

IMPORTANT: PLEASE READ AND SIGN WAIVER

Carefully read this form and be aware that in signing up and participating in the program, you will be expressly assuming the risk and legal liability, waiving, and releasing any and all claims for injuries, damages, or loss which you or your minor/child/ward might sustain while participating in any and all activities connected with and associated with said programs/activities (including transportation services and vehicle operations, when provided). As a participant, I recognize and acknowledge that there are certain risks of physical injury to participants in these programs activities, and I voluntarily agree to assume the full risks of any injury (including death), damages, or loss regardless of the 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 any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District officers, agents, servants, and employees. I do hereby full release and forever discharge the Streamwood Park District and its officers, agents, (including transportation services and vehicle operations when provided). 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 (including death), damages, or loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

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

Photo Disclaimer: Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publications and use as the Park District deems necessary.

| | |
|--|-------------|
| | |
| Signature of Adult (18 years of age or older), Participant, or Guardian | Date |