

# Fox Valley Park District Registration Form

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Main Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Participant's Name (First and Last)	Birthdate	Grade	Gender	Barcode	Course Name	Fee	2nd Choice Barcode	3rd Choice Barcode
10/21/09 will take place at Blackberry Farm				N/A	My Time Citywide After-School Prisco Fun Days/ 10-21-09, 11-17-09,	N/A	3:30-6:00 p.m.	
					12-8-09, 1-12-10, 2-10-10, 3-16-10			
					4-07-10, 4-28-10			

Please list the names of any family member needing special assistance to participate in the program(s) and what accommodations are needed \_\_\_\_\_

**Hold Harmless Agreement**

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 and vehicle operations, 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 and all 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 its officials, agents, program instructors, volunteers and employees. I hereby authorize and give my consent to the District to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of the District, without consideration of any kind. I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of parent/guardian or adult participant \_\_\_\_\_

Date \_\_\_\_\_