PROGRAM REGISTRATION FORM

Clarendon Hills Park District • 315 Chicago Avenue, Clarendon Hills, IL 60514 If mailing this form, please make checks payable to Clarendon Hills Park District.

PLEASE PRINT		Date:				
Last Name:	First Name (Parent):					
Street Address:		City: Zip:				
Home Phone:	Work Phone:		Cell Phone:_			
E-Mail Address:						
Emergency Contact:			Phone:			
	have any allergies or medical conditions that we viduals with special needs. The Clarendon Hills Park District doe					
assistance please in	nform us one week prior to the program. Program Title	To his post to decomin	Participant's Na		Fee	
			, and panto no		160	
"I would like to make a do	onation to the family scholarship program"	\$25				
	IECK # CASH CREDIT (Visa,			TOTAL		
child/ward might sustain as a I recognize and acknowledgregardless of severity which claims I or my minor child/wa I do hereby fully release and and arising out of, connected I further agree to indemnify a sustained by me or my minor In the event of any emergene immediate care and agree th	WAIVER AND RELE Ily and be aware that in registering and participating in this program/activa a result of participating in any and all activities connected with and assoc e that there are certain risks of physical injury to participants in the abow. I or my minor child/ward may sustain as a result of participating in any are ard may have as a result of participating in the program(s) against the Dis- discharge the District and its officers, agents, servants and employees for divith, or in any way associated with the activities of the program(s). and hold harmless and defend the District and its officers, agents, servan or child/ward arising out of, connected with, or in any way associated with cy, I authorize the District officials to secure from any licensed hospital, p lat I will be responsible for payment of any/all medical services rendered derstand the above Program details, Waiver and Release of All Claims and	wity, you will be waiving lated with this program e program(s) and I agre d all activities connect trict and its officers, ag rom any and all claims at sand employees from the activities of the pro-	and releasing all claims for injuries, di vactivity including transportation servi- ee to assume the full risk of any injurie ted with or associated with such progrents, servants and employees. from injuries, (including death), damagen an any and all claims resulting from inju- ogram(s). al personnel any treatment deemed not read the services of th	ices when provided. ss, (including death), damage ram(s). I agree to waive and ge or loss which I or my min uries, (including death), dama	es or loss relinquish all or child/ward ages and losses	
	THIS WAIVER MUST BE SIGNED BY A	LL ADULTS 18 YEA	RS OLD AND OVER.			
Signature of Participant or	Parent/Guardian I	Date P	rint Name			
PHOTO/VIDEO PO Photos and video footage program or activity, atten Please be aware that by attending an event, or us	e are periodically taken of people participating in a Park District ding a class or event, or using District facilities or property. registering for a program or class, participating in an activity, ing District facilities or property, you authorize the District to	PROGRAL List below:	syment is received.	legal effect as the origin	ial form. Our fa	
use these photos and vid advertising, marketing ma Facebook, YouTube, Insta	leo footage for promotional purposes in District publications, aterials, brochures, event flyers, social media (including agram, Twitter, and other social media sites operated by the website without additional prior notice or permission and prior to the control of the protection of					