

# REGISTRATION FORM

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Have you recently changed your home phone? \_\_\_\_\_

E-mail \_\_\_\_\_

## 2. REGISTRATION INFORMATION

PARTICIPANT'S NAME	BIRTH DATE	GRADE	GENDER	PROGRAM NAME	PROGRAM CODE	DAY	FEE

## 3. SPECIAL ACCOMMODATIONS / A.D.A.

The West Chicago Park District makes reasonable accommodations for persons with special needs to participate.

Please list any medications currently being taken or describe special accommodations (adaptive equipment, personnel or other) you need to for successful inclusion into the program.

Participant's Name \_\_\_\_\_

Accommodations \_\_\_\_\_

## 4. PAYMENT INFORMATION

Accepted forms of payment: Cash, Checks payable to West Chicago Park District, Visa, Master Card, American Express and Discover.

To maintain your financial safety, please do not write your credit card on this form. Credit card payments may be made in person at the ARC Center or online at [we-goparks.org](http://we-goparks.org). This registration is not complete until full payment is received.

## 5. WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the programs listed above, 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 these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 these programs against the West Chicago Park District, including its officials, agents, volunteers and employees. In the event of an emergency, I authorize the West Chicago Park District officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for immediate care and agree that I will be responsible for payment of any and all medical services. The West Chicago Park District reserves the right to photograph or video participants in Park District programs, facilities or parks for the District's promotional materials and marketing efforts.

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver

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

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_  
(please print clearly)

Participant's Signature \_\_\_\_\_  
(18 years or older, or parent or guardian)

### THREE EASY WAYS TO REGISTER

#### ONLINE

anytime at [we-goparks.org](http://we-goparks.org)

#### IN PERSON

Visit the ARC Center  
during operating hours  
Weekdays 5:30am-9:30pm  
Weekends 7:00am-7:00pm

#### BY MAIL

Send your completed  
registration form along with  
payment check to  
ARC Center  
201 W. National Street  
West Chicago, IL 60185